

Date: [Date]

RE: [Patient Name]

DOB: [Patient Date of Birth]

MRN: [Medical Record Number]

To: [Transplant Center Name/Physician Name]

Dear Transplant Selection Committee,

I am writing to formally refer [Patient Name] for a kidney transplant evaluation. The patient is currently under my care for Chronic Kidney Disease (CKD) Stage [Stage, e.g., 4 or 5].

Clinical Summary:

- **Primary Diagnosis:** [Etiology of Kidney Disease, e.g., Diabetic Nephropathy]
- **Current GFR:** [GFR value] ml/min/1.73m² (Dated: [Date])
- **Current Serum Creatinine:** [Value]
- **Dialysis Status:** [Not on dialysis / Hemodialysis / Peritoneal Dialysis]
- **Dialysis Start Date (if applicable):** [Date]

Medical History:

[Briefly list relevant comorbidities, e.g., Hypertension, Cardiovascular Disease, Diabetes].

Surgical History:

[List relevant prior surgeries].

Psychosocial Assessment:

The patient demonstrates a good understanding of their condition, shows treatment compliance, and has a stable support system. [Include details on potential living donors if known].

Current Medications:

[Insert list or refer to attached medication sheet].

Reason for Referral:

The patient is approaching End-Stage Renal Disease (ESRD) and is an appropriate candidate for pre-emptive transplant or placement on the deceased donor waiting list to improve long-term survival and quality of life.

Please find the attached recent laboratory results, imaging, and clinical notes for your review. Thank you for participating in the care of this patient. Please contact my office at [Phone Number] if further information is required.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]

[Contact Information]