

Duke Heart Transplant Program



Overview

For patients with advanced heart failure, Duke offers a multidisciplinary service focused on the diagnosis and management of ventricular dysfunction across the spectrum of the disease.

Duke is nationally recognized for providing innovative care to ambulatory patients, those hospitalized for acute heart failure, as well as patients in cardiogenic shock.

Both adult and pediatric patients with advanced heart failure have access to the Duke Heart Transplant and Mechanical Circulatory Support Programs. These multidisciplinary care teams utilize novel risk stratification methods, medical therapies and state-of-the-art circulatory devices to provide adequate support until a suitable donor heart is identified. When transplant is not an ideal therapy, the program offers advanced management via new drug therapies or treatment strategies through enrollment in clinical trials. In addition, the Mechanical Circulatory Support Program is one of the largest in the country providing therapy with long-term ventricular assist devices (VAD) for transplant ineligible patients.

Upon your referral, your patient will receive thoughtful care from our team of heart failure specialists, cardiothoracic surgeons, and nurse coordinators.

Please use the reverse to help coordinate your patient's care.

Highlights

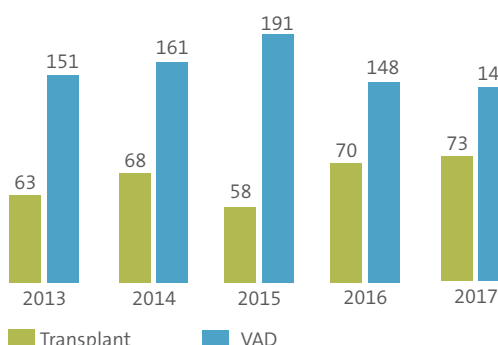
Adult Transplant

- Over 1,200 transplants since the program's inception
- One of the shortest average wait times on the east coast
- Extended criteria for transplantation, including patients who may be excluded at other centers
- Application of cutting edge protocols to expand the utilization of donor organs

Pediatric Transplant

- One of the largest pediatric heart transplant programs in North Carolina
- Pediatric-focused cardiothoracic transplant team
- Dedicated 16-bed pediatric cardiac ICU
- Coordinated care, family support, and long-term follow-up through the Duke Pediatric Heart Failure Program

VAD AND HEART TRANSPLANT VOLUMES
Duke University Health System, CY



Providers

CARDIOLOGISTS

Chetan Patel, MD
Medical Director
Adam DeVore, MD
G. Michael Felker, MD
Adrian Hernandez, MD
Robert Mentz, MD
Priyesh Patel, MD
Joseph Rogers, MD
Paul Rosenberg, MD
Stuart Russell, MD

PEDIATRIC CARDIOLOGISTS

Michael Carboni, MD
Sonya Kirmani, MD

CARDIOTHORACIC SURGEONS

Jacob Schroder, MD
Surgical Director
Mani Daneshmand, MD
Carmelo Milano, MD

PEDIATRIC SURGEONS

Joseph Turek, MD
Pediatric Surgical Director
Andrew Lodge, MD

Locations

ADULT

Duke Clinic 2F/2G
40 Duke Medicine Circle
Durham, NC 27710

PEDIATRIC

Duke Children's Hospital & Health Center
2301 Erwin Road
Durham, NC 27710

Duke Children's Specialty of Cary

540 New Waverly Place
Suite 101
Cary, NC 27518

Phone **919-613-7777**

Toll-free **800-249-5864**

Fax **919-681-8860**

On-call Physician **919-684-8111**

dukehealth.org/transplant

Duke Transplant Center

Heart Transplant Program

USPS
Box 102347
Durham, NC 27710

FedEx/UPS
330 Trent Drive, Room 132
Hanes House
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-681-8860

Patient Demographic Information

Name: _____ Veteran? Y N
Address: _____ Marital Status: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____ Gender: M F Race: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Language: _____ Interpreter? Y N Special Needs? Y N
Employer: _____

Physician Information

Referring Physician: _____ Primary Care Physician: _____
Practice/Group Name: _____ Practice/Group Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
E-mail: _____ E-mail: _____
Name of Person Completing This Form _____

Primary Insurance Information (attach copy of both sides of card)

Company: _____ Policy ID: _____ Group Number: _____
Policyholder's Name: _____ Policyholder's DOB: _____
Insurance Phone Number: _____ Referral or Pre-Cert Number: _____
Behavioral Health Insurance? Y N Company: _____ Policy ID: _____

Secondary Insurance Information (attach copy of both sides of card)

Company: _____ Policy ID: _____ Group Number: _____
Policyholder's Name: _____ Policyholder's DOB: _____
Insurance Phone Number: _____ Referral or Pre-Cert Number: _____

Patient General Clinical Information

Patient Height: _____ Patient Weight: _____ Date: _____
Smoking Cessation Date: _____ Oxygen Use at Rest: _____ at Exertion: _____

Requested Referral Information

- Any pertinent medical records
- Most recent history and physical (clinic notes)
- Reports of previous cardiac catheterization, stress test, and/or echocardiogram
- Recent chest x-ray report
- Operative reports from any thoracic surgeries