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 1,300 transplants since the program’s inception
- One of the shortest average wait times on the east coast
- Offering combined organ transplants in select patients
- 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

Providers

CARDIOLOGISTS
Chetan Patel, MD
Medical Director
Richa Agarwal, MD
Adam DeVore, MD
G. Michael Felker, MD
Adrian Hernandez, MD
Robert Mentz, MD
Kishan Parikh, 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
Carmelo Milano, MD

PEDIATRIC SURGEONS
Joseph Turek, MD, PhD
Pediatric Surgical Director
Nicholas Andersen, MD
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
**Patient Demographic Information**

Name: ___________________________  Veteran?  Y  N

Address: ___________________________  Marital Status: _________________

City: ___________________________  State: ___________________________  Zip: ______

Social Security Number: ___________________________  Date of Birth: __________

Home Phone: ___________________________  Work Phone: ___________________________

Cell Phone: ___________________________  E-mail: ___________________________

Emergency Contact: ___________________________  Phone: ___________________________

Language: ___________________________  Interpreter?  Y  N  Special Needs?  Y  N

Employer: ___________________________

**Physician Information**

Referring Physician: ___________________________

Practice/Group Name: ___________________________

Address: ___________________________

City: ___________________________  State: ___________________________  Zip: ______

Phone: ___________________________

Fax: ___________________________

Name of Person Completing This Form ___________________________

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

Company: ___________________________

Policyholder’s Name: ___________________________

Insurance Phone Number: ___________________________

Behavioral Health Insurance?  Y  N  Company: ___________________________

Policy ID: ___________________________

Group Number: ___________________________

Policyholder’s DOB: ___________________________

Referral or Pre-Cert Number: ___________________________

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

Company: ___________________________

Policyholder’s Name: ___________________________

Insurance Phone Number: ___________________________

Behavioral Health Insurance?  Y  N  Company: ___________________________

Policy ID: ___________________________

Group Number: ___________________________

Policyholder’s DOB: ___________________________

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