UMC TRANSPLANT CENTER

UMC Transplant Center
901 Rancho Lane, Suite 250
Las Vegas, NV 89106

Dear Transplant Education Attendee,

You are scheduled to attend our virtual transplant education class. This class is required to move forward in the transplant process.

To help you understand the transplant journey here at the UMC Transplant Center you will need to complete all eight parts of the video class, which are taught by eight vital members of your transplant team. These videos constitute the "Transplant Class" and all must be viewed prior to moving forward on your transplant journey.

- UMC Transplant Coordinator
- UMC Transplant Dietitian
- UMC Transplant Financial Counselor
- UMC Transplant Living Donor Coordinator
- UMC Transplant Nephrologist
- UMC Transplant Pharmacist
- UMC Transplant Social Worker
- UMC Transplant Surgeon

Please let us know when you have viewed all 8 of the videos by signing the "virtual education class acknowledgement" form and returning it.

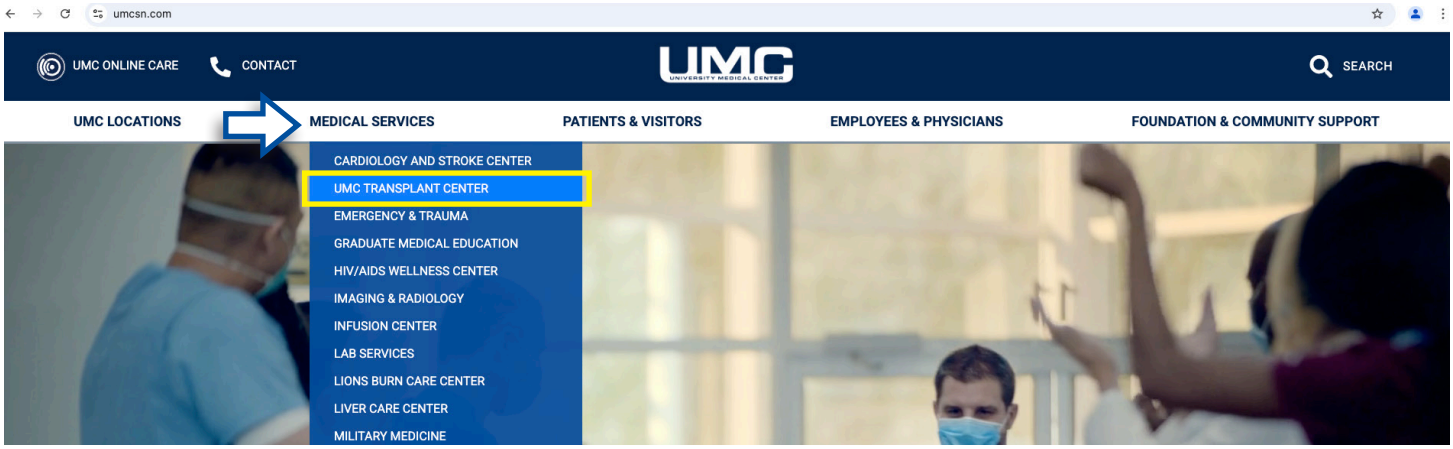
Sincerely,

Transplant Services Staff

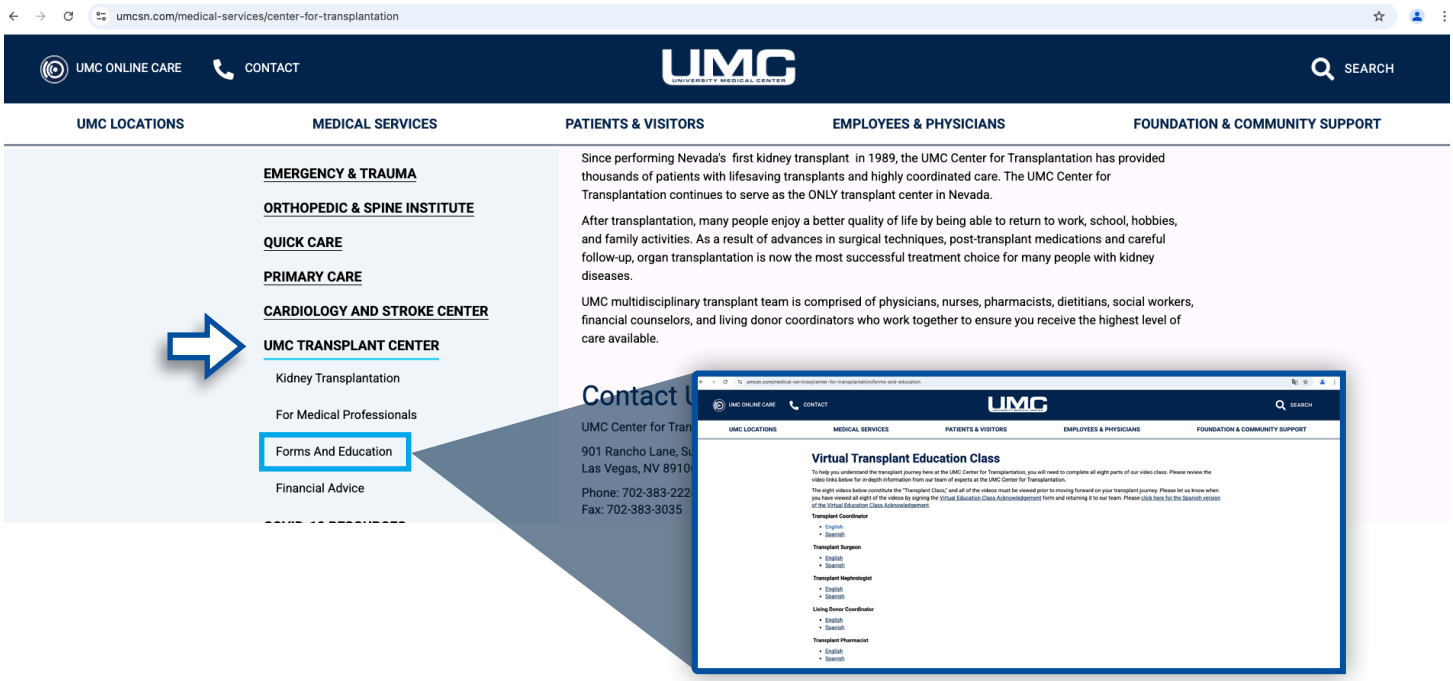
P: {702) 383-2224
F: {702) 383-1876
Email: TransplantReferrals@umcsn.com

Step 1) Visit www.umcsn.com

Step 2) Click on the "Medical Services" tab, then CLICK on "Transplant Center"



Step 3) On the left side of the screen, click "Transplant Class Videos"



UMC UNIVERSITY MEDICAL CENTER
TRANSPLANT CENTER

VIDEO CLASS ACKNOWLEDGEMENT

Name:

DOB:

I _____ have watched ALL 8 UMC Kidney Transplant Education
(Patient Name – Please Print)
Class videos, presented on www.umcsn.com.

The following topics were presented and discussed during the education videos.

Video on UMC Transplant Center
Video PowerPoint Presentations from the following UMC Transplant Center team members:

- UMC Transplant Coordinator
- UMC Transplant Dietitian
- UMC Transplant Financial Counselor
- UMC Transplant Living Donor Coordinator
- UMC Transplant Nephrologist
- UMC Transplant Pharmacist
- UMC Transplant Social Worker
- UMC Transplant Surgeon

By signing below, I acknowledge that I have watched the videos, and that I understand the information.

Patient / Guardian Signature: _____Time: _____ Date: _____

Please return in the self-addressed stamped envelope provided or Fax to the number below.

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