

# Pre To Post Transplant Foundation

## Cleaning Program Patient Verification



Please confirm that the patient is currently admitted to your hospital and that this form is completed by a member of the transplant team. The form may be filled out by the transplant surgeon, transplant doctor, transplant social worker, or transplant nurse coordinator.

Note: This form must be provided to you by the patient or their caregiver. No representatives from the Pre to Post Transplant Foundation will send this form to request information.

Eligibility for our cleaning program requires that the patient is currently admitted and recovering from transplant surgery. Patients who have been discharged and then readmitted do not qualify.

Once completed, **please email the form to [info@pretopost.org](mailto:info@pretopost.org)**. The form must be submitted by the provider.

For any questions or concerns please contact us at: (281) 891-0350

**THIS IS NOT AN APPLICATION FOR PATIENTS. If you are a patient, please visit [www.PreToPost.org](http://www.PreToPost.org) and fill out the Cleaning Program Application**

### Patient Information

Full name:

Organ(s)  
transplanted

Date of  
transplant:

Is the patient currently admitted and have they remained in the hospital since their transplant surgery?

Yes

No

Expected discharge date:

### Hospital Information

Hospital patient is currently recovering from transplant surgery

Hospital address

### Provider Information

Name of provider completing this form (must be a member of the transplant team)

What is your role on the transplant team?

Phone Number

E-mail:

Signature:

Date: