Resources

Local Resources

Nebraska Medicine Hospital Address
Patient Name
Patient Room Number if known
The Nebraska Medical Center
PO Box 6159
Omaha, NE 68198

Nebraska Medicine General Information Phone Number
402.559.4000

The Lied Transplant Center Address
Guest Name
Room Number if available
Lied Transplant Center
987600 Nebraska Medical Center
Omaha, NE 68195-7600

The Lied Transplant Center Phone Number
402.559.5599

Solid Organ Transplant Unit, Fifth Floor Clarkson Tower, Phone Number
402.552.2051

Adult Intensive Care Unit, Third Floor Clarkson Tower, Phone Number
402.559.7000

Social Work Office Phone Number
402.559.4420

Nearest Hospital Pharmacy
Nebraska Medicine Pharmacy
Durham Outpatient Care Center, 2nd Floor
402.559.5215

Closest Retail Pharmacy
Walgreen's
225 North Saddle Creek Road,
Omaha, NE 68131
402.551.1797

Closest Target
7200 Dodge St, Omaha, NE 68114
402.390.8880

Closest Wal-Mart
1606 S 72nd St, Omaha, NE 68124
402.393.9560

Nearest Grocery Store
Baker's
888 South Saddle Creek Road
Omaha, NE
402.551.0613

Nebraska Medicine

Resources, continued

Who Are Your Doctors

Your Name________________________________

Date of Birth______________________________

Please provide a list of all the doctors you would like your medical information sent to following your evaluation.

Referring Physician (the doctor that sent you to our program for evaluation)

Name____________________________________

Address __________________________________

City/State ________________________________

ZIP_____________________________________

Phone Number_____________________________

Specialty ________________________________

Primary Care Physician (the doctor you see for medical issues such as a cold)

Name____________________________________

Address __________________________________

City/State ________________________________

ZIP_____________________________________

Phone Number_____________________________

Specialty ________________________________

Other Physician (not listed above that you would like notified)

Name____________________________________

Address __________________________________

City/State ________________________________

ZIP_____________________________________

Phone Number_____________________________

Specialty ________________________________

Lab you will be using at home:

Name____________________________________

Address __________________________________

Phone Number_____________________________

Local hospital you would use in case of an emergency:

Name____________________________________

Address __________________________________

Phone Number_____________________________

May we have permission to provide your medical information to anyone else?

Name____________________________________

Relationship _______________________________

Phone Number_____________________________

In case of emergency or we are unable to contact you, we may contact the above named person.

Signature____

Resources, continued

Notes