

ORGAN & TISSUE DONATION REFERRAL FORM

To be completed at the time of Patient's death or imminent death

1. Call New Mexico Donor Services at 843-7672 in Albuquerque

Name of NMDS Coordinator Contacted: _____

Patient's Name: _____

Medical Record #: _____

2. After appropriate screening by NMDS is the patient a potential donor?

Yes _____ No _____

If yes, the NMDS coordinator will offer the option to the potential donor family.

Completed By:

Name

Title

Date

Time

Signature

