



Recipient Pancreas Details

Recipient Name :			
Required Organs :			
Clinical Information:At Listing			
Date of Birth, Age, & Gender		Blood Group	
General Medical Factors			
Etiology of Pancreatic Failure			
Indication of Pancreatic Transplantation			
Duration			
Insulin Dose			
CLEARANCES			
CARDIOLOGY			
PULMONOLOGY			
NEPHROLOGY			
ENDOCRINOLOGY			
GYNAECOLOGY			
PSYCHIATRY			
MEDICAL GASTROENTEROLOGY		SURGICAL GASTROENTEROLOGY	
DR. NAME:		DR. NAME:	
DESIGNATION:		DESIGNATION:	
SIGNATURE		SIGNATURE	