



Date

[Name, Address]

[M#]

[V#]

Dear [Name],

This is a reminder about your appointment for yearly kidney transplant testing.

One of our team members spoke to you on the phone about this appointment

Your appointment begins at **9am** on [**Day, Date**]. (and you'll be finished by 2pm)

Go to Registration on the **1st floor of ECMC:**

462 Grider Street, Buffalo, NY 14215

On the day of your visit, you can bring a family member or friend with you for support.

Bring the following with you:

- photo identification
- insurance card
- prescription card
- medication list or all your pill bottles
- back a lunch or you can buy food in the cafeteria

You'll have these tests done:

- Blood work- 1st floor, Suite 13, Pink Line
- Chest X-ray- 1st floor, Suite 110, Blue Line
- EKG- 1st floor, Suite 154, Yellow Line

After these tests, go to the 10th floor to meet with your coordinator and a social worker.

We provide free Wi-Fi (connect as ECMC guest).

Parking is free with validation. Bring your ticket to the transplant appointment.

If you can't make this appointment, call [Name: Phone] or the transplant clinic at: (716) 898-5001.

We'll be happy to reschedule at your convenience.

Sincerely,

ECMC Transplant Team