



Date

[Name, Address]

[M#]

[V#]

Dear [Name],

We're glad you're coming to ECMC to consider a kidney transplant.

The Transplant Clinic is located on the **10th floor of ECMC**:
462 Grider Street, Buffalo, NY 14215

Your appointment begins at **8am** on **[Day, Date]**. (You'll be finished by 4pm)

You'll meet with the transplant team and have these tests done:

- Transplant Clinic- 10th floor
- Blood work- 1st floor, Suite 13, Pink Line
- Chest X-ray- 1st floor, Suite 110, Blue Line
- EKG- 1st floor, Suite 154, Yellow Line

On the day of your visit, we'd like you to bring 1 or 2 family members or friends with you for support.

Bring the following with you:

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

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