

## TRANSPLANT FOLLOW UP SUMMARY

Patient's information

(Please stick label)

Date of transplant: \_\_\_\_\_ Pre transplant diagnosis: \_\_\_\_\_ Page: \_\_\_\_\_

Date															
Time post-op															
Weight															
BP															
Hb															
WCC															
Platelet count															
Urea															
Creatinine															
FBS															
Cholesterol															
TG															
Other Ix															
CYA level															
Neoral (mg)															
Cellcept (mg)															
Prednisolone (mg)															
Other Rx															
Biopsy															
ECHO															
Angio															
Comments															