A department of Ka'u Hospital
East Hawaii Health Clinic
Plastic Surgery

(808) 932-3722 | (808) 935-0904 (Fax)

Official Use Only
Medical Record: _____

New Patient Referral Form

Date: _____

Patient Information:

Patient's Legal Name: Date of Birth:

Last Name	First Name	M.I.	MM/DD/YYYY

Primary Phone No.: _____ Alternate Phone No.: _____

Primary Insurance: _____ Policy Number: _____

Secondary Insurance: _____ Policy Number: _____

Request:

- ☐ **STAT-** Provider to Provider call needed, call (808) 932-4225
- ☐ **ROUTINE-** Processed and scheduled per routine protocol
- ☐ **SECOND OPINION/PREVIOUS SURGERY ON AFFECTED BODY PART-** Please send previous records if seen by another provider
- ☐ **MVA/ NO FAULT/ WORKERS' COMP-** Please include Claim Number; Adjuster Name; Adjuster Phone Number and Date of Injury below

Please include the following to avoid delays in scheduling:

- ☐ ID, Insurance Card & Demographic Sheet
- ☐ Medical List, pertinent clinical notes, any pertinent diagnostics testing: labs, imagine (see referral guidelines for specifics)

Reason for Referral (include Diagnosis and ICD code):

_____

_____

_____

Referring Physician: _____ **Phone:** _____ **Fax:** _____