	A department of Ka'u Hosp East Hawaii Healt 1285 Waianuer Urology (808) 932-3940 Option #3   (808 New Patient Refe	h Clinic	Official Use Only Medical Record:
Patient Information:			Date:
Patient's Legal Name:			Date of Birth:
Last Name	First Name	M.I.	MM/DD/YYYY
Primary Phone No.:	Alter	nate Phone No.:	
Primary Insurance:	Polic	Policy Number:	
Secondary Insurance:	Polic	y Number:	
equest:			
<b>STAT</b> – Provider t	o Provider call needed, call (80	8) 932-3940 Option #	#3
<b>ROUTINE</b> – Proce	essed and scheduled per routine	e protocol	
Please include the following to	avoid delays in scheduling:		
□ ID, Insurance Card & Der	nographic Sheet		
<ul> <li>Medical List, pertinent cl guidelines for specifics)</li> </ul>	inical notes, any pertinent diag	nostics testing: labs,	imaging (see referral
eason for Referral (include D	Piagnosis and ICD code):		
Referring Physician:			