



THE QUEEN'S MEDICAL CENTER

Queen's Liver Center

550 South Beretania Street, Suite 405, Honolulu, Hawaii 96813

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All INCOMPLETE referrals will be returned.

If the following items are NOT sent, this could cause a DELAY in scheduling your patient.

Queen's Medical Center is unable to obtain patient charts from HMC. Please provide the following for all NEW and HMC Liver Center patients:

- Current P/E
- Most recent labs (LFTs, viral hepatitis serologies, CBC)
- Diagnostic studies relating to liver disease
- Liver Biopsy
- Any other necessary information regarding reason for referral

Completed referral authorization form with PA # MUST be provided for the following insurance and FAXED w/ referral form (new referrals are needed for ALL referrals):

- ALL Quest (except HMSA Net and ACE-PPO)
- Aloha Care/Medicare
- Evercare Medicare
- HMSA HMO
- Straub Clinic

◇ Primary language: _____ Interpreter needed? Yes No

Please arrange for the interpreter. If an interpreter is needed but not provided, the patient will NOT be seen.

PATIENT NAME: _____ DOB: _____ SEX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NO.: _____ PHONE NO.: HOME: _____ OTHER: _____

MEDICAL INSURANCE: PLEASE ATTACH A COPY OF THE CARD (FRONT & BACK)

PRIMARY: _____ SECONDARY: _____

SUBSCRIBER #: _____ SUBSCRIBER: _____

REFERRING PHYSICIAN:

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY CARE PHYSICIAN:

NAME: _____ PHONE: _____ FAX: _____

REASON FOR REFERRAL: _____

***SIGNATURE OF PHYSICIAN:** _____ **DATE:** _____

*****FOR URGENT PATIENTS, MDS MUST CALL AND SPEAK TO A PROVIDER*****