



**THE QUEEN'S
MEDICAL CENTER**

- | | | |
|-------------------------|-------------------------|---------------------------|
| ◆ Sumodh Kalathil, M.D. | ◆ Naoky Tsai, M.D. | ◆ Barak Younoszai, D.O. |
| ◆ Leena Hong, PA-C | ◆ Isabel Hung Wan, PA-C | ◆ Leslie Huddleston, PA-C |
| ◆ Ruby Trujillo, APRN | ◆ Ki May Tung, APRN | |

- Consult** **Fibroscan Only** **Consult and Fibroscan**

- Reason for Referral: HBV HCV Cirrhosis Elevated LFT Fatty Liver
 AIH PBC HCC Other: _____

Patient : _____ DOB : _____ Male Female
(Last Name, First Name, MI)

Address: _____
(Street address, Apt #, City, Zipcode)

Home Phone: _____ Mobile Phone: _____

- Primary Insurance HMSA PPO HMSA HMO HMSA Quest HMSA Akamai
 AlohaCare Ohana Medicare Ohana Quest UHA
 UHC Medicare UHC Quest Tricare Standard Tricare Prime
 HMAA Other: _____

Interpreter Required for this Patient: No Yes Language: _____

Please include the following items to support the reason for referral:

- Recent lab results (CMP, CBC with Differential & Plts, HBV DNA PCR Quantitative, HBV Surface Antigen, HBV Surface Antibody, HCV RNA PCR Quantitative, and/or HCV Antibody)
 Current progress note Recent imaging study (if any) Information in CareLink

Referring Physician Name _____ Phone: _____

Address: _____ Fax: _____

Physician Signature: _____ Date: _____

Mahalo for referring your patient to the Queen's Liver Center