



**THE QUEEN'S  
MEDICAL CENTER**



**NORTH HAWAI'I  
COMMUNITY HOSPITAL**

AN AFFILIATE OF THE QUEEN'S HEALTH SYSTEMS

## CANCER CENTER REFERRAL FORM

Phone 808-881-4833 • Fax 808-881-4835

Date \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient \_\_\_\_\_

DOB \_\_\_\_\_

DX \_\_\_\_\_

Reason for Referral \_\_\_\_\_

\_\_\_\_\_

### Documents Attached

- \_\_\_\_\_ Pt. demographics
- \_\_\_\_\_ Imaging (CT, PET, MRI, etc.)
- \_\_\_\_\_ Pathology
- \_\_\_\_\_ Progress notes
- \_\_\_\_\_ Labs
- \_\_\_\_\_ Other \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_