



THE QUEEN'S MEDICAL CENTER

PAIN AND SPINE CENTER

Physicians Office Building III ▪ 550 South Beretania Street, Suite 703 ▪ Honolulu, HI 96813
Ph: 808-691-5390 ▪ Fax: 808-691-5389 ▪ www.queens.org

REFERRAL FORM

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

PATIENT CONTACT #: _____

Referral To:

Jeffrey Loh, MD

Roy Esaki, MD → Punchbowl Queen's West Oahu

Kyle Mitsunaga, MD

Queen's Pain and Spine Center (unspecified provider)

Referral From:

Referrer Name: _____

Referrer Phone #: _____

Referrer Fax #: _____

Referral For: _____

Diagnosis: _____

ADDITIONAL NOTES: