



Pulmonary and Critical Care Clinic

Queens Physician Office Building II

1329 Lusitana Street, Suite 107 Honolulu, Hawaii 96813

Phone: (808) 691-5252 Fax: (808) 691-5250

HEALTHCARE PROVIDER PULMONARY REFERRAL REQUEST FORM

Date of referral: _____ Referral type: Urgent Routine

Specific Pulmonologist if applicable _____

Prior authorization: Requested Not required

Needs interpreter: No Yes Language: _____

Reason for pulmonary referral/clinical question:

Oahu Pulmonary Clinic: Queen's POB2 Pulmonary Clinic Queen's West Pulmonary Clinic

Neighbor Island Pulmonary Clinic: Kona Specialty Clinic Hilo Specialty Clinic

North Hawaii Clinic Molokai Specialty Clinic

* Specialty Programs: Telemedicine office visit option is available for neighboring island patients.

Please submit the completed referral request form with the following documents via fax or email to (808)691-5250 or PulmonaryPOB2@Queens.Org

Face Sheet, Insurance information Prior Authorization (if applicable) H&P, Last Clinic Note

Pertinent Laboratory Results Pertinent Imaging Reports (CXR, CT)

Past PFT results and any other pertinent supporting documentation Echocardiogram Reports

Other