QUEEN'S OBGYN
Ala Moana

THE QUEEN'S HEALTH SYSTEMS

# REFERRAL FORM

**Thank you for for entrusting Queen's OBGYN with your patient's care.**
**Please complete this form and fax to 808-686-2119.**

Appointments will not be scheduled until all pertinent records are received.

Queen's OBGYN Ala Moana
1441 Kapiolani Boulevard, Suite 1810
Honolulu, HI 96814
Phone: 808-686-4150
Fax: 808-686-2119

☐ Diana Y. Huang, M.D. ☐ Gwendolyn P. Chung, M.D. ☐ Mieko Suzuki, APRN

## Patient Information

Patient Name: ______________________ Gender: ☐ Male ☐ Female

Date of Birth: ______________________ MRN/SSN: ______________________

Primary Insurance ______________________ Authorization # ______________________

Secondary Insurance ______________________ Authorization # ______________________

Home Phone: ______________ Work Phone: ______________ Mobile Phone: ______________

Preferred Language: ______________________

## Referral Information

Requested Specialist/Provider (if known): ______________________

Reason for Referral: ______________________

Diagnosis and Associated ICD-10 Code(s): ______________________

## Fax This Form with Copies Below (as applicable)

☐ Last (2) Office Visit Notes
☐ Demographic Sheet / ID / Insurance
☐ Insurance Pre-Certification / Authorization
☐ OBGYN Imaging Reports and DISCs (if applicable)
☐ Other Pertinent Records (Lab Results, Imaging, etc.)
☐ Last (2) OBGYN notes (if applicable)

Referring Physician Printed Name: ______________________

Phone: ______________ Fax: ______________ Date: ______________

Primary Care Physician Name: ______________________ Date: ______________

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