THE QUEEN'S MEDICAL CENTER

Queens Liver Center
550 S. Beretania St. #501
Honolulu, Hi 96813
Ph: 808-691-8838 Fx: 808-691-8839

FIBROSCAN ONLY REFERRAL FORM

♦ Chuong Tran, MD ♦ Christopher Aoki, MD ♦ Gavin Park, MD

♦ Leena Hong, PA-C ♦ Lauren Thomas, APRN ♦ Nerissa Vazuez Arroyo, APRN

REASON FOR REFERRAL: (MUST ONLY SELECT THESE DIAGNOSIS)

☐ Hepatitis B (HBV)	☐ Hepatitis C (HCV)	☐ Fatty Liver
☐ NASH, NAFLD	☐ Hepatic Steatosis	☐ Alcoholic Hepatitis
☐ Autoimmune Hepatitis (AIH)	☐ Primary Biliary Cholangitis (PBC)	☐ Hepatocellular Carcinoma (HCC)

Patient: _____DOB: _____ ☐ Male ☐ Female
(Last Name, First Name, MI) (mm/dd/yyyy)

Address: _____
(Street address, apt #, City, Zip code)

Home Phone: _____ Mobile Phone: _____

Primary Insurance: _____ Subscriber Member ID: _____

Secondary Insurance: _____ Subscriber Member ID: _____

*Interpreter Required for this Patient: ☐ No ☐ Yes Language: _____

Referring Provider Name _____ **Office Phone:** _____

Address: _____ **Fax:** _____

Provider Signature: _____ **Date:** _____

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