

Referral Form

**Thank you for entrusting Queen's Multispecialty Clinic with your patient's care.
Please complete this form and fax to the appropriate location.**

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

Queen's Endocrinology: Phone: 808-691-8526, Fax: 808-691-5313

Queen's Rheumatology: Phone: 808-691-8526, Fax: 808-691-5313

Patient Information

Patient Name: _____ Gender: Male Female Other

Date of Birth: _____ MRN/SSN: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Preferred Language: _____

Primary Insurance: _____ Authorization #: _____

Secondary Insurance: _____ Authorization #: _____

Referral Information

Schedule with First Available Requested Provider _____

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

Reason for Referral: _____

Fax This Form with Copies Below (As Applicable)

- | | |
|--|--|
| <input type="checkbox"/> Demographic Sheet / ID / Insurance | <input type="checkbox"/> Pertinent Imaging Reports (XR, US, CT, MRI) |
| <input type="checkbox"/> Insurance Pre-Certification / Authorization | <input type="checkbox"/> Pertinent Labs & Pathology |
| <input type="checkbox"/> Last (2) Office Visit Notes | <input type="checkbox"/> Current Medication List |

Referring Physician Printed Name: _____

Phone: _____ Fax: _____ Date: _____

Primary Care Physician Name: _____ Date: _____

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