

**FAX TRANSMITTAL**

**For Advance Care Planning (ACP) Documents**

**INITIAL DOCUMENT**    **UPDATED/REVISED DOCUMENT**

- Advance Health Care Directives and/or Living Will**
- Health Care Power of Attorney (HCPOA) or DPOA (Durable POA)**
- Guardianship**
- Surrogate**
- Provider Orders for Life-Sustaining Treatment (POLST)**

**Please fax the above documents Health Information Management (Medical Records) when received.**

TO:	FROM:
Health Information Services	
COMPANY:	DATE:
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S PHONE NUMBER:
RE:	SENDER'S FAX NUMBER:
ACP document (checked above)	

**Health Information Services (Medical Records) Fax Numbers for all ACP documents:**

Kapi'olani: 983-8617  
Pali Momi: 485-4372  
Straub: 522-4282  
Wilcox: 245-1058