WOMEN'S CENTERS
HAWAIʻI PACIFIC HEALTH
KAPIʻOLANI
PALI MOMI
STRAUB BENIOFF
WILCOX
CREATING A HEALTHIER HAWAIʻI

☐ **Kapiʻolani Women's Center** **FAX** (808) 973-6537
☐ **Pali Momi Women's Center** **FAX** (808) 485-4505
Call Center - Scheduling (808) 535-7000

Physician Request Form – Women's Center Services

PATIENT INFORMATION

Patient Name: _____ Date of Birth:_____

Home Phone: _____ Cell Phone:_____

DIAGNOSIS / REASON FOR EXAM: _____

_____

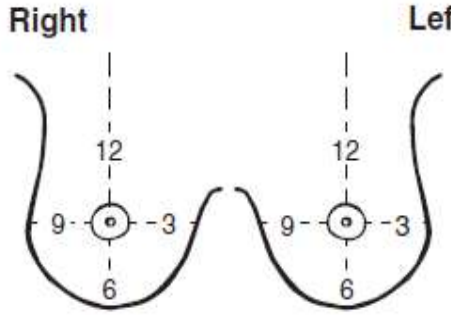
SCREENING SERVICES
☐ Screening mammogram
☐ Screening mammogram with additional imaging (mammo and/or US) as requested by the radiologist

DIAGNOSTIC SERVICES (clinical finding or concern)
☐ Diagnostic mammogram
☐ Left ☐ Right (check one or both)
☐ Diagnostic breast ultrasound
☐ Left ☐ Right (check one or both)

DEXA SERVICES
☐ Bone Density Study

INTERVENTIONAL TESTS
☐ Axillary lymph node biopsy / FNA ☐ Left ☐ Right
☐ Stereotactic core biopsy ☐ Left ☐ Right
☐ Ultrasound-guided core biopsy / cyst aspiration ☐ Left ☐ Right

REQUIRED FOR DIAGNOSTIC SERVICES
Mark palpable area or area of concern below:



△ Palpable lump /// Thickening
Pain

HIGH RISK BREAST PROGRAM
☐ 1:1 Consultation *(Fax form to: 808-973-3016)*

SERVICES AVAILABLE AT Kapiʻolani ONLY:

MASSAGE THERAPY
☐ Pregnancy
☐ Other_____

PHYSICAL THERAPY
☐ Complex Lymphedema Therapy ___
☐ Post Breast Cancer Care/Axillary Surgery
☐ Pelvic Floor Rehabilitation
☐ Pre/Post Partum Rehabilitation
☐ Oncology Rehabilitation

SERVICES AVAILABLE AT Pali Momi ONLY:

MRI
☐ Bilateral breast MRI without IV contrast (implant evaluation)
☐ Bilateral breast MRI with IV contrast

****Breast MRI services are available at KMCWC Imaging Department (808-983-8626) ****

PHYSICIAN INFORMATION

_____ _____
Physician Signature Date

_____ _____
Physician Name Phone

_____ _____
CC Physician(s) Prior Authorization Number