HAWAIʻI PACIFIC HEALTH | PALI MOMI MEDICAL CENTER

Fax to 808-485-4447
Questions? Call 808-485-4553

PALI MOMI HEART CENTER - EASY REFERRAL FORM

98-1079 Moanalua Road, Suite 680 • Aiea, Hawaiʻi 96701

Confirmed Patient Appointment: Date _____ Time _____ with Dr._____

Thank you for this referral. Simply fax us completed form along with medical records. We will call your patient and schedule appointment. Once completed, we will fax this form back to you confirming the appointment has been scheduled.

► REQUEST FOR CONSULTATION

- ☐ STAT (24-48 hours)
- ☐ Urgent (Within 1 week)
- ☐ When patient available

► PATIENT INFORMATION

Last Name _____ First Name _____

Birth Date (mm/dd/yyyy) _____/_____/_____ Home Phone_____

Cell Phone _____ Work Phone_____

Mailing Address _____

Is special accommodation required? Yes ☐ No ☐

Does patient use any assistive devices Yes ☐ No ☐

If yes, please indicate: Walker ☐ Cane ☐ Scooter ☐ Other, explain: _____

► REASON FOR REFERRAL_____

Medical Diagnosis/ ICD-10 _____

Second Opinion? ☐ No ☐ Yes [Who was your most recent Cardiologist?] _____

► INSURANCE INFORMATION

Primary Insurance _____ Subscriber _____ Subscriber # _____

Secondary Insurance _____ Subscriber _____ Subscriber # _____

Insurance Pre-Authorization Number _____ Date Received _____

► REFERRING PHYSICIAN

Physician Name _____ Phone_____

Physician Signature _____ Fax _____

Contact Person _____ Phone _____

Please send supporting documents with referral:

- Doctor's Notes (past 2 visits)
- Cardiac Testing Reports
- Medication List

Fax request and documents to 808-485-4447

NOTE: Appointments are only scheduled when all documents are received.
Patients must bring a picture ID and insurance card(s).
We do not accept Worker's Comp and No-Fault Insurances.

Rev 02/2023