

Physician Office Order Form

Requester Name : _____

Date: _____

Physician Name : _____

Phone: _____ Fax: _____

DELIVER TO (PHYSICIAN ADDRESS): _____

Please **FAX** requests to HPH Supply Chain Management:

FAX: 808.522.6910 Phone: 808.522.6911

PATIENT REGISTRATION FORMS-130- 8008241- 65000

MC / DESCRIPTION	ORDER QTY	MC / DESCRIPTION	ORDER QTY
MATERNITY MATERIALS		9041	PT ED-TOUR FOR CHILD SURGERY (PK/100) (CC) _____
9048	KIT BABY (MATERNITY PKT) (EA/1) (STK) _____	18823	ACS HISTORY PHYSICAL 1 OF 2 (PK/250) (CC) _____
PRINTED FORMS		43675	MY CHART WOMAN-BIKE RACK CARD (PK/100) (HH) _____
7409	ACOG ANTEPARTUM RECORD 3-PART (PK/25) (STK) _____	20000	PATIENT BILL OF RIGHTS (HPH) (PK/100) (STK) _____
439	VOLUNTARY STERILIZATION (PK/100) (CC) _____	14857	PO-BLOOD PRODUCTS ORDER (PK/100) (CC) _____
19423	CONSENT - TRANSFUSION/BB PROD-WC (PK/50) (CC) _____	29916	PO-PATIENT CARE ORDERS (PK/100) (STK) _____
8075	INPATIENT SURGERY/ADMISSION FACT (PK/25) (CC) _____	484	PREADMINS F/AM SURG ADMS/NC-191 (PK/100) (CC) _____
485	MED RCD, HIST & PHYS ADULT, KMCWC (EA/1) (CC) _____	299823	PREOPERATIVE HIST AND PHYSICAL (PK/100) (CC) _____
543	OUTPATIENT SURG INSTR-ADULT (PK/100) (CC) _____	8084	PRE-REGISTRATION FORM (PK/100) (HH) _____
27036	OUTPATIENT SURGERY INSTRY-PED (PK/25) (CC) _____	528	PROGRESS NOTES (PK/100) (CC) _____
28874	ANES REC PREANES ADLT (PK/25) (CC) _____	539	REQUEST FOR CONSULTATION (PK/100) (CC) _____
		546	SHORT TERM ADMISSION (PK/100) (STK) _____
SURGERY PACKETS			
299824	SURGICAL PACKET ADULT KMCWC (EA/1) (STK) _____	299832	SURGICAL PACKET PEDIATRIC KMCWC (EA/1) (STK) _____

FAMILY BIRTH CENTER FORMS - 130 - 1106191 - 65000

109337	C-SECTION: HOW TO PREPARE & WHAT TO EXPECT (PK100) (CC) _____	107255	FORM C SECTION (PK/100) (CC) _____
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WOMEN'S CENTER FORMS - 110 - 8008316 - 65000

16159	BROCHURE, BREAST BIOPSY (PK/20) (CC) _____	26634	GYN ULTRASOUND REFERRAL (PD/25) (CC) _____
16011	BROCHURE, LYMPHEDEMA (PK/20) (STK) _____	33397	PHYS REQ BREAST, ULTRASOUND DEXA (PK/100) (CC) _____
		16008	PHY REQUEST FOR BREAST CTR SVC (PK/100) (CC) _____

DIAGNOSTIC IMAGING FORMS - 130 - 1107055 - 65000

31199	COMPUTED TOMOGRAPHY (PK/25) (CC) _____	19018	IMAGING OP PROCEDURE REQUEST (PK/100) (CC) _____
7559	DIAG IMAGE CONTRAST DRUG ADMIN (PK/100) (CC) _____	16315	MRI REQUISITION (PK/20) (CC) _____
8061	IMAGING SERVICES REQUEST (PK/25) (CC) _____	13518	SEDATION RECORD PM (PK/25) (CC) _____

SURGERY FORMS - 130 - 1106210 - 65000

440	CONSENT FORM GENERAL (PK/50) (CC) _____	25276	STERILIZATION CONSENT FORM (EA/1) (STK) _____
13643	CTO-VAGINAL DELIVERY (PK/100) (CC) _____	6469	SURGICENTER ASSESSMENT (PK/100) (CC) _____

25275 - Hysterectomy Acknowledgment Form, go to: <https://medquest.hawaii.gov/en/resources/forms.html> *Found on page 5*

FETAL DIAGNOSTIC CENTER FORMS - 130 - 1107042 - 65000

26590	FDC REFERRAL FORM (PK/100) (CC) _____	26634	GYN ULTRASOUND REFERRAL (PK/50) (CC) _____
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Comments: _____