



Official Use Only  
Medical Record: \_\_\_\_\_

Medical Oncology Phone: (808) 932-3590 | Medical Oncology Fax: (808) 974-6864  
Radiation Oncology Phone: (808) 932-3755 | Radiation Oncology Fax: (808) 932-3756

## New Patient Referral Form

Date: \_\_\_\_\_

### Patient Information:

Patient's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
MM/DD/YYYY

Primary Phone No.: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Referral to:  **Medical Oncology**  **Radiation Oncology**

Fax: 808-974-6864

Fax: 808-932-3756

### Request:

**STAT** – Provider to Provider call needed  
For Radiation Oncology please dial (808) 932-3000 and press # to enter extension **1703**  
For Medical Oncology, please dial (808) 932-3000 and press # to enter extensions **5718**

**ROUTINE** – Processed and scheduled per routine protocol

**Confirmation of patient's appointment date and time will be given upon receipt of all pertinent documents.**

For Oncology Referral, please include the following:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>History and Physical</b>                      | <input type="checkbox"/> <b>Lab Reports</b>                                      |
| <input type="checkbox"/> <b>Pathology Reports (All pathology reports)</b> | <input type="checkbox"/> <b>Imaging (Diagnostic) Reports</b>                     |
| <input type="checkbox"/> <b>Operative Reports (if any)</b>                | <input type="checkbox"/> <b>Previous Oncology Records (if treated elsewhere)</b> |
| <input type="checkbox"/> <b>Discharge Summary (if applicable)</b>         | <input type="checkbox"/> <b>Office Visit Notes (most recent)</b>                 |
| <input type="checkbox"/> <b>Demographics/ insurance</b>                   |  |

**Reason for Referral (include Diagnosis and ICD code):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_