



# HAWAI'I NEPHROLOGISTS

## NEW PATIENT REFERRAL FORM

---

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: M F

Patient's phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_

Referring physician: \_\_\_\_\_ PCP (if different): \_\_\_\_\_

Reason for consult: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's insurance carrier:  Medicare  QuestMedicaid  Private  VA  HMSA  
 Ohana Health Plan  United Healthcare  AlohaCare  Other \_\_\_\_\_

Policy number: \_\_\_\_\_

Referral office location:  Hilo  Kona  Oahu Urgent: YES  NO

### Please include the following documentation with your referral:

- Demographics/insurance info  Current H&P  Physician's visit notes  
 Recent lab report  Active medication list  Radiology report

Staff contact name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

---

**DR. VALERIE TAN, M.D.**  
☎ 808.935.8647 F 808.935.9783  
75 Puuhonu Place, Suite 100  
Hilo, HI 96720

**DR. WEI OOI, M.D.**  
☎ 808.329.8251 F 808.334.0130  
75-184 Hualalai Rd, Suite 202  
Kailua Kona, HI 96740

**DR. KUNAL PAREKH, M.D. | DR. ARIE GANZ, M.D.**  
☎ 808.206.9849 F 808.206.9850  
94-229 Waipahu Depot Rd., Suite 101  
Waipahu, HI 96797