

**James Joyner, MD**  
***Infectious Disease***

500 Ala Moana Boulevard  
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Phone: 808-531-7111 Fax: 808-528-5507

**New Patient Referral**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Please fax us the following information on your patient:

- Demographics (Include copies of Insurance Card/ID)
- Referral forms (i.e. HMSA Quest/HMO Plans)
- Recent Clinic Note(s)
- Lab – Past three months
- Any recent imaging reports
- Current Medication List
- Prior Authorization Approval (i.e. HMSA HMO & Quest, MDX, Humana, UHC, TriCare, Aloha Care)

Appointment will NOT be scheduled if we do not receive the requested information. Once records are received, we will contact patient directly to schedule an appointment.

**\*\*\* Please remind patient to bring Insurance Card(s), Picture ID, and Medication List. \*\*\***

Referring Physician's Information:

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

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