



Office of the Governor – Guam Medical Referral Office

P.O. Box 2950 Hagatna, Guam 96932
Phone: (671) 475-9350 Fax: (671) 475-4833

PLEASE INDICATE
OUTPATIENT
DIRECT ADMIT
MEDIVAC

PATIENT REFERRAL INFORMATION

HNL LAX PI

Form with fields: LAST NAME/FIRST NAME/INITIAL, DATE OF BIRTH, PHONE NO., AGE, MAILING ADDRESS, RESIDENTIAL ADDRESS, and gender options (MALE/FEMALE).

ITINERARY: Please specify your travel arrangements & attach a copy of your airline reservation

Table with 7 columns: DATE, FROM, TO, AIRLINE, FLIGHT NO., DEPT. TIME, ARR. TIME. Includes a row for GUAM.

ACCOMPANYING ESCORT(S) Note: If accompanied by children, please indicate age.

Table with 4 columns: NAME, RELATIONSHIP, NAME, RELATIONSHIP.

AFFECTED BY ANY KNOWN COMMUNICABLE DISEASE?

REFERRING PHYSICIAN ON GUAM (Attach copy of doctor's letter of referral)

ACCEPTING PHYSICIAN ACCEPTING MEDICAL CENTER

HEALTHCARE COVERAGE with options: MIP, TAKECARE, MEDICAID, SELECTCARE, STAYWELL, NETCARE, MEDICARE, OTHER.

ACCOMODATIONS: AIRPORT PICKUP, GROUND TRANSPORTATION, CAR RENTAL, LODGING

PREFFERED LODGING:

SPECIAL NEEDS

EMERGENCY CONTACT PERSON CONTACT NO.

The Guam Medical Referral Office provides assistance in the coordination of your transportation, lodging and other needs while you are off island for treatment. FOOD AND LODGING ARE AT YOUR OWN EXPENSE.

I have read the information and fully understand my responsibilities and obligations: Signature: Date:

I HEREBY AUTHORIZE THE GUAM MEDICAL REFERAL OFFICE TO RELEASE ALL PROTECTED HEALTH INFORMATION (PHI) IN ACCORDANCE WITH THE PROVISIONS OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). AUTHORIZATION SHALL BE REVOKED UPON TERMINATION OF SERVICES RENDERED BY THE GUAM MEDICAL REFERRAL OFFICE AND ITS SATELLITE OFFICES. Authorized by (Print & Sign): Date: