

Instructions: Fill out this form online. Print the form. Fax the completed form. You cannot save the information you type into this form. You can also print a blank copy of the form.

Fax: (808) 245-1700

**FAST REFERRAL**

Tel: (808) 245-3787

**OXYGEN • HOME MEDICAL EQUIPMENT**

Patient: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

Phone: \_\_\_\_\_ Ht / Wt \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

2<sup>nd</sup> Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

**Respiratory – Check your choice of equipment**

|                      |                  |                |           |       |
|----------------------|------------------|----------------|-----------|-------|
| Oxygen Concentrator* | Portable Oxygen* | * LPM _____    | CPAP      | BiPAP |
| Suction Machine      | Compressor       | Trach Supplies | Nebulizer |       |
| Other:               |                  |                |           |       |
| Other:               |                  |                |           |       |
| Other:               |                  |                |           |       |

**Home Medical Equipment (H.M.E.) – Check your choice of equipment**

|                     |                        |                   |                    |                |
|---------------------|------------------------|-------------------|--------------------|----------------|
| Standard Wheelchair | Lightweight Wheelchair | Standard Legrests | Elevating Legrests | Cane           |
| Walker              | Walker Wheels          | Commode           | Shower Chair       | Transfer Bench |
| Hospital Bed        | Trapeze Bar            | Patient Lift      | Tens Unit          |                |
| Other:              |                        |                   |                    |                |
| Other:              |                        |                   |                    |                |
| Other:              |                        |                   |                    |                |

**HAWAII HOME INFUSION**

*Home Oxygen • Medical Equipment • Supplies*

4473 PAHEE STREET, SUITE I  
 LIHUE, HI 96766

Doctor: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ UPIN #: \_\_\_\_\_