



(808) 932-932-3940, Option 3 | (808) 934-0904 (Fax)

## New Patient Referral Guidelines

### General Requirements for All Surgery Patients

- Problem specific previous diagnostic results such as biopsy results, colonoscopy/EGD reports, imaging studies, etc.
- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral

### Diagnosis Specific Requirements

#### **Abdominal Pain**

(If PCP feels indicated, one of the following)

- CT Scan
- Ultrasound
- MRI

#### **Thyroid**

- TSH
- Thyroid Ultrasound, CT Neck or NM Thyroid Scan
- Biopsy if available

#### **Esophageal Reflux (GERD)/Hiatal Hernia**

- Barium Swallow Study
- EGD, If Available

#### **Thoracic**

- CT of Chest or Chest X-Ray

#### **Breast Cancer/Benign Breast Mass**

- Breast Ultrasound
- Biopsy Results- if performed

#### **Parathyroid**

- Ultrasound and/or NM Parathyroid Scan
- PTH, Calcium Levels

#### **Colon Cancer**

- Colonoscopy
- Biopsy Results
- Imaging (CT or MRI) if done

#### **Wound Clinic**

- Currently not accepting at this time