Makana North Shore Urgent Care
4488 Hanalei Plantation Rd
Princeville, Hawaii

Fax To: 808.826.4505
imaging@makanacare.org

Makana North Shore UltraSound Referral Form

Please fax completed referral form with patient's demographics and insurance information.

Patient Name: ____DOB: ______________________________

Phone: ________________________ Address: ____

Insurance: __________________________________ Member ID: ____________________________________

Referring Provider: _____________________________Clinic Name: _________________________________

Phone: __________________________ Fax: __________________________ or Email if preferred:

Requested Study

☐ Abdominal Ultrasound (Complete / Limited) ☐ Abdominal Aorta Ultrasound

☐ OB Ultrasound (1st Trimester) ☐ OB (Complete >14 weeks) ☐ OB Ultrasound (F/U)

☐ Pelvic Ultrasound ☐ Renal / Bladder Ultrasound

☐ Soft Tissue / Lump Evaluation ☐ Thyroid / Neck Ultrasound

☐ Other: ____

Clinical Indication / Diagnosis

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Priority: ☐ Routine ☐ Urgent

Ordering Provider Signature: ____

Date: ____