Heal Your Brain

Hawaii Pacific
DEEG

With Your Mind

Michael B. Russo, MD, FACP, FAAN, FAASM, FAsM A

Neurologist or Sleep Specialist Referral Form

FAX: (808) 748 - 2920 Phone: (808) 294-3332

Secure Email: Referral@HonoluluNeuroscienceClinic.com

PATIENT INFORMATION

Name: _____ Date of Birth: _____ Sex: M ☐ F ☐

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Provider: _____ Subscriber Number: _____

Secondary Insurance: _____ Subscriber Number: _____

Reason for Referral: _____

_____

_____

REFERRING DOCTOR INFORMATION

Name: _____ Contact Person: _____

Address: _____ Email: _____

Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

PCP information if different than referring doctor

PCP: _____ FAXNumber: _____

Address: _____ Email: _____

250 Ward Ave Ste 170 Honolulu, HI 96814

1335 Kalanianaole Street, Hilo, HI 96720

81-6623 Hawaii Belt Road Old Mamalahoa Hwy, Kealakekua, HI 96750