



GUAM MEDICAL REFERRAL OFFICE

P.O. BOX 2950 HAGATNA, GUAM 96932

OFFICE: (671) 475-9350 / 9428 FAX: (671) 472-7557

This form was processed by:

☐ Governor's Office
☐ HMO
☐ Other _____

PHP ☐ Yes ☐ No

Patient Referral Information

☐ HNL ☐ LA ☐ PI

Last Name	First Name	Initial	Date of birth	Phone No.	Age
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A. Mailing Address _____ SS# _____

Residential Address _____ Sex ☐ Male ☐ Female

Itinerary

Date	From Guam	To	Airline	Flight No.	Dep. Time	Arr. Time

Accompanying Escorts

Name	Relationship	Name	Relationship

Brief Diagnosis

Affected by any known communicable disease?

D. Referring Physician on Guam _____
 Accepting Physician _____
 Accepting Medical Center _____

E. Financial Arrangements ☐ MIP ☐ Pacificare ☐ Medicaid ☐ Health Shield
☐ Staywell ☐ Multicover ☐ Medicare ☐ Other _____

F. GMRO Airport pickup ☐ Yes ☐ No
 GMRO Ground transportation ☐ Yes ☐ No
 GMRO Lodging ☐ Yes ☐ No

Place of Lodging

G. Special Needs

H. 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
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