

Tripler Army Medical Center
Medical Correspondence
Patient Administration Division
MCHK-PAR-C
1 Jarrett White Road
Tripler AMC, HI 96859-5000

Phone: (808) 433-2526 Fax: (808) 433-1551

Patient's Contact Information

Contact Person: _____

Medical Records will be mailed to the address below 5 days after completed date

Address: _____

Apt/Suite: _____

City, State, Zip Code: _____

*Please provide at least one contact number.

Home Phone: _____

Cell Phone: _____