Genesis
Cancer and Blood Institute
A DIVISION OF AMERICAN ONCOLOGY PARTNERS, P.A.

NEW PATIENT REFERRAL FORM

Referral Fax Number: (855) 324-2799

☐ **HEMATOLOGY** ☐ **MEDICAL ONCOLOGY**

BENTON (Tues. and Wed.)
3 Medical Park Dr., Suite 202, Benton, AR 72015 • Phone: (501) 507-6035

☐ Lingyi Chen, MD ☐ Jim Chen, MD ☐ **1st Available**

RUSSELLVILLE (Wed. and Thurs.)
1808 West Main St., Suite 200, Russellville, AR 72801 • Phone: (479) 456-9011

☐ R. Timothy Webb, MD, FACP ☐ Jim Chen, MD ☐ **1st Available**

LITTLE ROCK
5620 West Markham St., Little Rock, AR 72205 • Phone: (501) 508-7163

☐ Jim Chen, MD ☐ Brad Baltz, MD ☐ **1st Available**

SATELLITE CLINIC

LITTLE ROCK (Fri.)
1300 Center View Dr., Little Rock, AR 72211

☐ Sunil Kakadia, MD, MPH, FACP

REASON FOR CONSULT (MANDATORY) _____

Patient Name _____ Date of Birth _____ Gender _____

SS# _____ Phone _____ Cell _____

Referring Doctor _____

Phone# _____ Fax# _____

Referring Office Contact Name _____

Primary Care Provider (if different than the referring doctor) _____

Phone# _____ Fax# _____

Primary Insurance Carrier: _____

Name of primary policy holder: _____

Policy#/Group ID: _____

Thank you for entrusting your patients' care to Genesis Cancer and Blood Institute. *We appreciate your confidence in GCBI to care for your patients. Thank you for taking the time to send all required paperwork at time of referral (**recent office notes, lab, radiology reports and ALL demo sheets, insurance cards and pathology**) so we may see your patient as soon as possible. Please contact the office if you have any questions regarding necessary paperwork.* ***Thank you.***