

NEW PATIENT REFERRAL FORM

Referral Fax Numbers:
Little Rock: **(501) 214-7498**
Mena: **(479) 802-3067**

All Other Locations: **(855) 324-2799**

HEMATOLOGY **MEDICAL ONCOLOGY**

BENTON (Tues., Wed., and Fri.)

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

Tyler Fugere, MD

RUSSELLVILLE (Tues. 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

Tyler Fugere, MD

1st Available

SATELLITE CLINIC

WEST LITTLE ROCK (Wed. and 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.***