



Highlands Oncology - Comprehensive Cancer Care Services
 3232 N. North Hills Blvd., Fayetteville, AR 72703
 808 S. 52nd Street , Rogers , AR 72758
 3901 Parkway Circle, Springdale, AR 72762
 639 Hospital Drive, Mountain Home, AR 72653

GU Patient Navigator:
 479.751.8765, Option 5 | Fax 479-751-5822

Genitourinary Multidisciplinary Clinic Referral Form
 Please include a legible copy of all insurance documentation.

Patient Name: _____ DOB: _____ Sex: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone 1: _____ Phone 2: _____
 Emergency Contact: _____
 Relationship: _____ Phone: _____-_____-_____

Please select which specialty the patient is being referred to. Select all that apply:

If multiple specialists are selected, the GU Oncology Navigator will schedule the patient with those specialists during the same visit.

- Medical Oncology | Patrick Travis, MD and Blake Lockwood, MD
- Urology | Mark "Willy" Pickhardt, MD
- GU Oncology Navigator review referral and schedule with the appropriate above providers.

Reason for referral:

- Pluvicto treatment and referral to Medical Oncologist
- < Has patient had previous PSMA scan? If yes, where? _____
- Prostate Cancer
- Kidney Cancer
- Bladder Cancer
- Testicular Cancer
- Adrenal Cancer
- Elevated PSA
- Hematuria
- ICD-10 CODE: _____

Please fax the following information along with this referral form:

- < Demographics and Insurance
- < All prior treatment records for prostate cancer
- < Contour or planning of radiation treatment for any prior radiation
- < Pathology report
- < Biopsy report
- < Most recent office visit note from referring physician
- < Radiology Reports
- < Please mail digital copies of all imaging to: **Highlands Oncology, ATTN: GU MultiD Program, 3901 Parkway Circle Springdale, AR 72762**

Referring Physician (Print): _____ (Signature): _____

Phone: _____ Fax: _____