

Virginia Oncology Associates  
Appointment Request



Please fax this form to:  
 Southside Offices (757) 459-2740      Peninsula Offices (757) 873-9889  
 ATTENTION: New Patient Schedulers

Fax sent from:	Phone:	Fax:
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Patient Name:		Date:
SSN:	Sex:	DOB:
Phone:		
Patient Address:		
City:	State:	Zip:

Ref. Physician:	UPIN:
Diagnosis (Cancer-include type of cancer, Heme, Other) :	

Primary Ins:	
Policy #:	
Subscriber Name:	
Subscriber DOB:	Subscriber SSN:

Secondary Ins:	
Policy #:	
Subscriber Name:	
Subscriber DOB:	Subscriber SSN:

Do you prefer a specific VOA Physician or would you like the first available appointment?
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<b>Preferred VOA Location: (circle)</b>		
<b><u>Southside Offices</u></b>		<b><u>Peninsula Offices</u></b>
Chesapeake	Lake Wright (Norfolk)	Gloucester
Elizabeth City	Obici (Suffolk)	Hampton
Franklin	Portsmouth	Port Warwick (Newport News)
Harbour View (Suffolk)	Kitty Hawk, NC	Williamsburg
Princess Anne (Virginia Beach)		

**A VOA New Patient Scheduler will contact your office with the appointment date/time.**

VOA Use Only:	VOA to Notify Pt?
Appt Date/Time:	Spoke with:      Referring Phys to Notify Pt?