



## Fax Cover Sheet

University of Arkansas for Medical Sciences

Fax: 501-526-2202 Email: [PhysicianFaxCorrection@uams.edu](mailto:PhysicianFaxCorrection@uams.edu)

**To:** Sikandar Murad, MD

Fax: 888-388-5166

Phone: 501-291-2322

**From:** Gary Lewis, MD

Fax: 501-614-9880

Phone: 501-686-8000

---

### NOTES:

**Have COVID-19 questions?** Find UAMS Breaking News at [www.UAMSHealth.com/md](http://www.UAMSHealth.com/md).

- Physicians/providers – call Physician Call Center at 501-686-6080.
- Patients – call Hotline at 1-800-632-4502.

**If you received this communication in error, please help us protect patient information by following the instructions below.**

#### Instructions:

- 1) This fax number and email should only be used to notify UAMS of a fax received in error. This is not the main fax number for UAMS.
- 2) **Do not send** any of the following to this fax number or email:
  - a) Appointments/scheduling requests – call 501-526-1000
  - b) Referrals/documentation – call 501-526-1000
  - c) Patient records to be scanned into UAMS' electronic health record – call 501-526-6765
- 3) Fax back the entire document with your cover letter to 501-526-2202 or if your organization has **email that is secure and encrypted**, scan and email to [PhysicianFaxCorrection@uams.edu](mailto:PhysicianFaxCorrection@uams.edu) and then destroy your copy of the information.
- 4) **Include the information below:**
  - a) Your organization's name:
  - b) Contact name:
  - c) Contact number:
  - d) Description of the error, such as not a patient here, provider no longer at this office, etc.
- 5) For technical difficulties, please call the UAMS IT Helpdesk at 501-686-8555 to open a ServiceNow Ticket.

#### UAMS CONFIDENTIALITY NOTICE

The information contained in this facsimile document may be privileged, confidential, and protected under applicable law and is intended solely for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

Byers, Jed A (MR # 003231143) DOB: 01/19/1962

Page 1 of 1

**Department**

Name	Address	Phone	Fax
UAMS Health Radiation Oncology Center	3900 W. Capitol Ave. Little Rock AR 72205-7101	501-603-8860	501-603-9573

**Progress Notes by Lewis, Gary, MD at 8/3/2023 1:00 PM**

Author: Lewis, Gary, MD	Service: —	Author Type: Physician
Filed: 8/3/2023 3:54 PM	Encounter Date: 8/3/2023	Creation Time: 8/3/2023 3:54 PM
Status: Signed	Editor: Lewis, Gary, MD (Physician)	

The risks/benefits/side effects/potential complications of radiation treatment for this diagnosis have been fully explained to Mr. Byers. He understands the need for treatment and is accepting the therapy as outlined. Written consent was provided.

Gary D. Lewis, MD  
Assistant Professor  
Radiation Oncology