Oncology Specialists of Charlotte

A Partner of OneOncology

Justin Favaro MD, PhD • Nasfat Shehadeh MD
Jennifer Dallas MD • Kaitlyn O'Keefe DO

Hadley DeBerg FNP-C • Brooke Davis FNP-C, OCN • Amy Kemmerlin FNP-C
Valentina Grinchak FNP-C • Alfreda Tambue AGACNP-BC, OCN

PATIENT REFERRAL - MEDICAL ONCOLOGY

Date: ____/____/____

Patient Name:_____ **DOB:**_____

Patient Address:_____ **Patient Phone:**_____

Alternate#:_____ **Patient Insurance:**_____

***** SEND COPY OF INSURANCE CARD(s): Front & Back, with this Fax *****

Diagnosis:_____ **Referring Physician:**_____

Referring Physician Contact Name:_____

Ph. #:_____ **Fax #:**_____ **Special Appointment Requests:**_____

Office Location:

- ☐ **Charlotte:** 2711 Randolph Road, Suite 400, Charlotte, North Carolina 28207
- ☐ **Pineville:** 10635 Park Road, Suite F, Charlotte, North Carolina 28210
- ☐ **Fort Mill:** 1700 1st Baxter Crossing, Suite 102, Fort Mill, SC 29708
- ☐ **Or** None, First Available

Physician Preference, if any:

☐ Justin Favaro, MD ☐ Nasfat Shehadeh, MD ☐ Jennifer Dallas, MD
☐ Kaitlyn O'Keefe, DO ☐ **Or** None, First Available

****** Please fax demographics, office visit notes, labs, radiology reports, and pathology reports, as applicable, along with this form to assure a timely appointment.***

FAX REFERRAL FORM AND DOCUMENTS TO 704.342.9542 (fax)

For Oncology Specialists of Charlotte to fill out and fax back to you

Appointment Date: ____/____/____ **Arrival Time:** _____ **Appointment Time:**_____

With Physician: _____ **Location:**_____

We will call the patient and schedule and then fax back apointment info. For your records. If you have access to the phreesia hub, the appt. info can be viewed in here as well. Thank you!

CHARLOTTE
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