


**ONCOLOGY SPECIALISTS
OF CHARLOTTE, PA**

A Partner of  **OneOncology**

2711 Randolph Road ▪ Suite 400 ▪ Charlotte, North Carolina 28207
7108 Pineville-Matthews Road ▪ Suite 102 ▪ Charlotte, North Carolina 28226
Phone: 704.342.9577 ▪ Fax: 704.377.0353 ▪ OncologyCharlotte.com

Justin Favaro, MD, PhD ▪ Nasfat Shehadeh, MD ▪ Jennifer Dallas, MD
Hadley Spencer, FNP-C ▪ Brooke Davis, FNP-C, OCN
Amy Kemmerlin, FNP-C ▪ Meg McInnis, FNP-C ▪ Valentina Grinchak, FNP-C

MEDICAL ONCOLOGY / HEMATOLOGY PATIENT REFERRAL FORM

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/ Randolph Rd South Charlotte/Pineville-Matthews Rd

Or First Available

Physician Preference, if any: Justin **Favaro**, MD Nasfat **Shehadeh**, MD

Jennifer **Dallas**, MD **Or** **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 704.377.0353 (fax)

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

Appointment Date ____/____/____

Arrival Time _____

Appointment Time _____

With Physician _____

**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.**

Location _____

THANK YOU!