



# ONCOLOGY SPECIALISTS OF CHARLOTTE

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 ▪ Valentina Grinchak, FNP-C**

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## 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)**

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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.**

**THANK YOU!**

Location \_\_\_\_\_