



ONCOLOGY SPECIALISTS OF CHARLOTTE

A Partner of  OneOncology

JUSTIN FAVARO MD, PHD • NASFAT SHEHADEH 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 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 appointment 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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FORT MILL

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