



# ONCOLOGY SPECIALISTS OF CHARLOTTE

A Partner of  OneOncology

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## 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: ☐ 2711 Randolph Road, Suite 400, Charlotte, North Carolina 28207

☐ 10635 Park Road, Suite F, Charlotte, North Carolina 28210

☐ Or First Available

Physician Preference, if any: ☐ Justin Favaro, MD ☐ Nasfat Shehadeh, MD ☐ Jennifer Dallas, MD  
☐ Kaitlyn O'Keefe, DO ☐ Or None, First Available (south office)

\*\*\* 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

2711 Randolph Rd, Suite 400  
Charlotte, NC 28207

### SOUTH CHARLOTTE

10635 Park Road, Suite F  
Charlotte, NC 28210

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