


**ONCOLOGY SPECIALISTS
OF CHARLOTTE, PA**

2630 E 7th Street ▪ Suite 210 ▪ Charlotte, North Carolina 28204
7108 Pineville-Matthews Road ▪ Suite 102 ▪ Charlotte, North Carolina 28226
Phone: 704.342.9577 ▪ Fax: 704.377.0353

OncologyCharlotte.com

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MEDICAL ONCOLOGY / HEMATOLOGY PATIENT REFERRAL FORM

Date: ____/____/____

Patient Name _____

Patient SS # _____ 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 # _____

Direct Address- if applicable (HIE Email address) _____

Ours is: referrals@osc.OncoEMRDirect.com

Special Appointment Requests _____

Office Location: Charlotte/ E. 7th Street South Charlotte/Pineville-Matthews Rd

Or First Available

***** Please fax demographics**, office visit notes, labs, radiology reports, and pathology reports, as applicable, along with this form in order 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 _____ Location _____



**PLEASE CONTACT PATIENT AND
MAKE AWARE OF APPOINTMENT.**

~ Thank You