

# INFUSION ONLY REFERRAL / ORDER FORM

NPI # 1467406736 Oncology Specialists of Charlotte PA



## DEMOGRAPHICS

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/State Zip: \_\_\_\_\_ Best # to reach: \_\_\_\_\_

## INSURANCE & PATIENT RECORDS

Please Fax a copy of patients Demos, Insurance card (front & back), Current Lab results, H&P, and Current meds along with this completed and signed order form.

## ORDERS

Diagnosis/ICD-10 Code(s): \_\_\_\_\_

Allergies:  NKA  List \_\_\_\_\_

Weight: \_\_\_\_\_ lbs/kg Height: \_\_\_\_\_

IV Access:  Implanted port  PICC line  PIV

Labs:  CBC  CMP (Labs run in-house)

MEDICATION*	DOSE & FREQUENCY

Date of last dose given: \_\_\_\_\_

\* PLEASE NOTE: Biosimilars will be used if available.

Special Instructions: \_\_\_\_\_

### Which Office To Receive Infusion- Oncology Specialists of Charlotte

**CHARLOTTE-CENTRAL:** 2630 E.7<sup>th</sup> Street, Suite 210 ▪ Charlotte, NC 28204

**CHARLOTTE-SOUTH:** 7108 Pineville-Matthews Rd, Suite 102 ▪ Charlotte, NC 28226

## ORDERING PROVIDER

Provider's Name: \_\_\_\_\_ Office: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

▶ Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX FORM TO: 704-377-0353**

If you have any questions, call us at 704-342-9577

**Justin P. Favaro, MD, PhD ♦ Nasfat J. Shehadeh, MD**

**Hadley M. Spencer, FNP-C ♦ Natalie F. O'Kelly, FNP-C ♦ Brooke A. Davis, FNP-C, OCN**