

ONCOLOGY SPECIALISTS OF CHARLOTTE

A Partner of  OneOncology

JUSTIN FAVARO MD, PHD • NASFAT SHEHADEH MD
KAITLYN O'KEEFE DO • PADMAJA VEERAMREDDY, MD

Hadley DeBerg FNP-C • Brooke Davis FNP-C, OCN
Valentina Grinchak FNP-C • Genaro Paz, FNP-C • Roseann Barrera, FNP-C, ACHPN

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
☐ 127 Ben Casey Drive, Suite 105, Fort Mill, SC 29708
☐ Or None, First Available

Physician Preference, if any: ☐ Justin Favaro, MD ☐ Nasfat Shehadeh, MD ☐ Kaitlyn O'Keefe, DO
☐ Padmaja Veeramreddy, MD ☐ 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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PINEVILLE

10635 Park Road, Suite F, Charlotte, NC 28210

FORT MILL

127 Ben Casey Drive, Suite 105, Fort Mill, SC 29708

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