

  
**ONCOLOGY SPECIALISTS  
OF CHARLOTTE**

A Partner of  **OneOncology**

2711 Randolph Road ▪ Suite 400 ▪ Charlotte, North Carolina 28207  
7108 Pineville-Matthews Road ▪ Suite 102 ▪ Charlotte, North Carolina 28226  
Phone: 704.342.9577 ▪ Fax: 704.377.0353 ▪ CharlotteCANcer.com

**Justin Favaro MD, PhD ▪ Nasfat Shehadeh MD ▪ Jennifer Dallas MD ▪ Kaitlyn O’Keefe DO**  
**Hadley DeBerg FNP-C ▪ Brooke Davis FNP-C, OCN**  
**Amy Kemmerlin FNP-C ▪ Valentina Grinchak FNP-C**

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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**:  Charlotte/ Randolph Rd  South Charlotte/Pineville-Matthews Rd  
**Or**  First Available

**Physician Preference**, if any:  Justin **Favaro**, MD  Nasfat **Shehadeh**, MD  
 Jennifer **Dallas**, MD (south office)  Kaitlyn **O’Keefe**, DO  
**Or**  **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 704.377.0353 (fax)**

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For Oncology Specialists of Charlotte to fill out and fax back to you

Appointment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Arrival Time \_\_\_\_\_

Appointment Time \_\_\_\_\_

With Physician \_\_\_\_\_

**WE WILL CALL THE PATIENT AND SCHEDULE AND THEN  
FAX BACK APOINTMENT INFO. FOR YOUR RECORDS.**  
If you have access to the Phreesia Hub, the appt. info can  
be viewed in here as well.

**THANK YOU!**

Location \_\_\_\_\_