

ONCOLOGY SPECIALISTS  
OF  
CHARLOTTE, PA

2711 Randolph Road ▪ Suite 100 ▪ Charlotte, North Carolina 28207  
7108 Pineville-Matthews Road ▪ Suite 102 ▪ Charlotte, North Carolina 28226  
Phone: 704-342-9577 ▪ Fax: 704-377-0353



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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 (HIE Email address) \_\_\_\_\_

Special Appointment Requests (Physician/Timeframe) \_\_\_\_\_

Office Location:    Charlotte/Randolph Rd     South Charlotte/Pineville-Matthews Rd

\*\*\* Please fax demographics, office visit notes, labs, radiology reports, and pathology reports along with this form in order 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 \_\_\_\_\_



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

**~ Thank You**