

General Surgery

FirstHealth General Surgery offers specialty services in Fayetteville, Raeford, Rockingham, Sanford and Troy. These Pinehurst Surgical Clinic surgeons also provide services in Pinehurst.



Fabian Alzamora, M.D.
(Richmond, Montgomery)



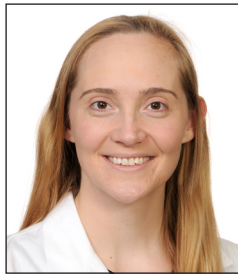
David W. Grantham, M.D.
(Lee)



Samuel A. Heathcote, M.D.
(Lee)



Nathan Knapp, M.D.
(Hoke, Richmond)



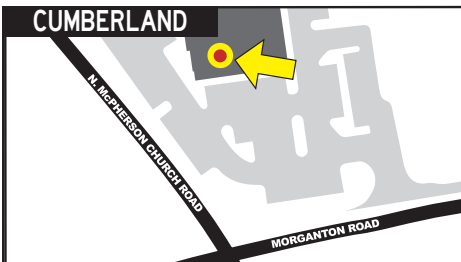
Bailey Sanders, M.D.
(Richmond)



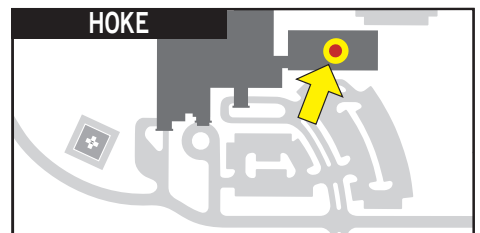
Matthew A. Strode, D.O.
(Hoke, Cumberland)



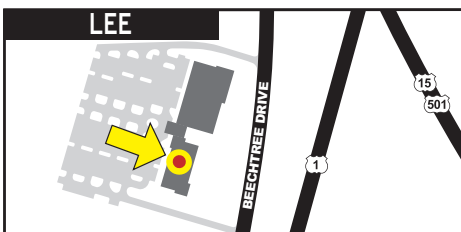
Raymond G. Washington, M.D.
(Lee)



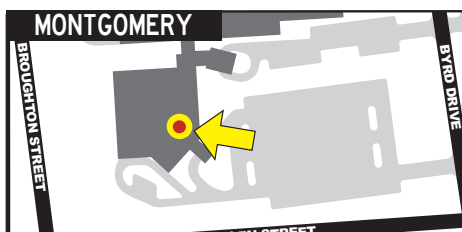
Phone: (910) 215-2507 Dr. Strode
Address: 3716 Morganton Rd
Fayetteville, NC 28303



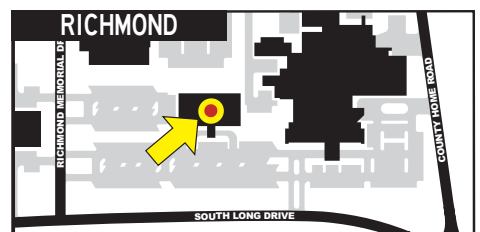
Phone: (910) 215-2507 Dr. Strode
(910) 295-0278 Dr. Knapp
Address: Physician Offices & Specialty Svcs
6322 Fayetteville Road
Raeford, NC 28376



Phone: (910) 235-4030 Dr. Heathcote
(910) 235-2716 Dr. Grantham
(910) 295-0882 Dr. Washington
Address: 2919 Beechtree Drive, Suite 2100
Sanford, NC 27330



Phone: (910) 235-4024 Dr. Alzamora
Address: Medical Arts Building
522 Allen Street, Ste. 103
Troy, NC 27371



Phone: (910) 417-3540 Dr. Alzamora
(910) 295-0278 Dr. Knapp
(910) 417-3540 Dr. Sanders
Address: 921 S. Long Drive, Suite 208
Rockingham, NC 28379

FirstHealth
WITH PINEHURST SURGICAL CLINIC
GENERAL SURGERY

General Surgery

Referral/Consultation Verification

Pinehurst Surgical Clinic
5 FirstVillage Drive, Pinehurst, NC 28374 • 910-295-6831

Today's Date: _____ Patient Name: _____

Responsible Party _____ DOB: _____

Patient's Address: _____ Patient's Phone Number: _____

_____ Patient's Alt. Phone Number: _____

_____ Patient's Email: _____

Patient's Insurance _____ Insurance Authorization #: _____

Male Female

Appointment Information Needed:

Nature of Problem: _____

Labs, xrays, test performed? Yes No

If yes, what type? _____

Urgency of Appointment: Urgent/Emergent Routine Referral

Referring Physician Name: _____

Telephone number where we may contact you: _____

Appointment referral confirmation fax number: _____

Requested Provider/Dept.: _____

Requested Location: _____

If requested provider is unavailable, may we schedule patient for 1st available provider:

Yes No

Consult:
Opinion or advice sought on patient diagnosis/condition/treatment
Diagnostic or therapeutic treatment may be initiated subsequent to opinion

Referral:
Transfer of care for management of patient
(total care or transfer of care for specified diagnosis/condition/signs & symptoms)

Referring Provider Contact

Scheduler Name _____

Telephone _____

**Fax Completed Referral Form to 910-235-2734 or 910-215-3081
For Ophthalmology Referrals – Fax to 919-718-0784**