Cancer: Medical Oncology & Hematology

FirstHealth offers board certified specialist in both Hematology and Medical Oncology joined by a talented group of nurses and support staff to provide the community with exceptional patient care. Both locations offer a full range of services to include education, support services, case management, symptoms management and dietary services.

Hematology & Medical Oncology Services Available

- Chemotherapy and Biotherapy infusion
- Blood/Platelet infusion
- Injections of cell growth stimulators into the subcutaneous tissue (fatty part of arm, leg or stomach) and other subcutaneous and intramuscular injections
- IV fluid administration and medications for symptom control for chemotherapy patients
- VAD flushes and PICC line flushes and dressing changes for oncology patients

To refer patients for a consult, call (910) 715-3500 in Pinehurst or (919) 775-8183 in Sanford. Please give the patient a copy of this form to bring to his/her appointment.

Appointment Date

Appointment Time

PINEHURST (in conjunction with Pinehurst Medical Clinic)

Robert Pohlmeyer, M.D.
Ellen Willard, M.D.
Charles Kuzma, M.D.
Todd Moore, M.D.
Michael Batalo, M.D.
Susan Bazinet, FNP

SANFORD (in conjunction with UNC Health Care)

Kaushik Sen, M.D.

FirstHealth Outpatient Cancer Center
220 Page Road North  •  P.O. Box 3000  •  Pinehurst, NC 28374
(910) 715-3500

FirstHealth Sanford Hematology Oncology
A Department of Moore Regional Hospital
1212 Central Drive, Suite 201  •  Sanford, NC 27330
(919) 775-8183
Cancer: Medical Oncology & Hematology

In Pinehurst, call (910) 715-3500. In Sanford, call (919) 775-8183. Please give the patient a copy of this form to bring to his/her appointment. Records should be faxed at the time the appointment is made to (910) 715-3501 (Pinehurst) or (919) 775-8152 (Sanford).

Please provide the following patient information:

- Any diagnostic imaging that has been obtained related to the diagnosis in question (please send reports plus a disk or films if not in the FirstHealth PACS system)
- All pathology reports from any biopsies or surgeries
- Office notes
- All laboratory testing obtained thus far, including some old results, if available, for the tests that are now abnormal
- Demographics sheet with accurate address, phone numbers and copy of insurance cards.

Consult Form

Date __________________________ Appt Date/Time Given ______________________

Contact Person ____________________________________________________________________________________________

Phone # ___________________________ Fax# ___________________________

Pt Name ___________________________________________________________ DOB ___________________________

Med Rec # ___________________________ Rm# __________________________

Referring M.D. ____________________________________________________________________________________________

Phone/Beeper# ___________________________ Fax# __________________________

Address ________________________________________________________________________________________________

Primary M.D. _____________________________________________________________________________________________

Phone/Beeper# ___________________________ Fax# __________________________

Surgeon _________________________________________________________________________________________________

Phone/Beeper# ___________________________ Fax# __________________________

Type of Insurance ___________________________ Policy# __________________________

Referral Required/Referral# __________________________________________________________________________________

If New Patient:

Address ________________________________________________________________________________________________

Phone# ___________________________ SS# __________________________

Diagnosis ___________________________ Diagnosis Code __________________________