

# General Surgery

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



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



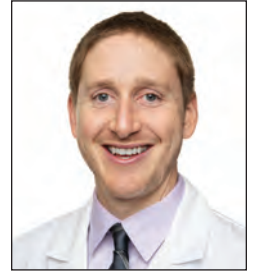
Willy Chu, M.D.  
(Richmond)



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



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



Nathan Knapp, M.D.  
(Richmond)



Bailey Sanders, M.D.  
(Richmond)



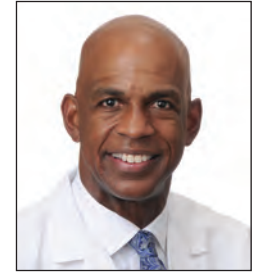
Matthew A. Strode, D.O.  
(Hoke)



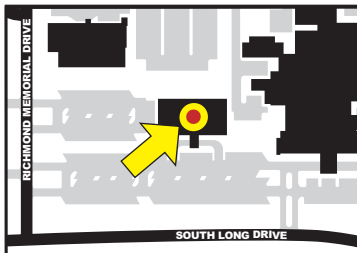
Jennifer A. Sumner, M.D.  
(Hoke)



Reid Vegeler, M.D.  
(Richmond, Hoke)

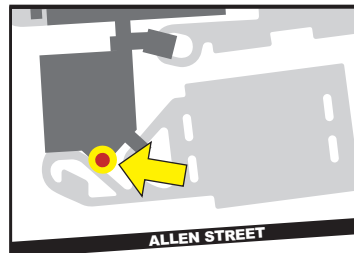


Raymond G. Washington, M.D.  
(Lee)



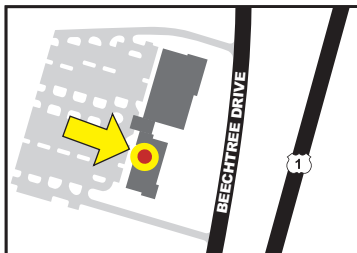
PINEHURST  
SURGICAL  
CLINIC  
**FirstHealth**  
MOORE REGIONAL HOSPITAL  
RICHMOND

Main Phone Number: **(910) 417-3540 (Drs. Alzamora, Chu, Knapp, Sanders, & Vegeler)**  
Address: 921 S. Long Drive, Suite 208  
Rockingham, NC 28379



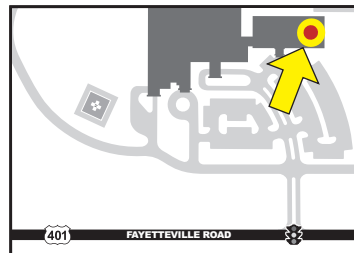
PINEHURST  
SURGICAL  
CLINIC  
**FirstHealth**  
MONTGOMERY MEMORIAL HOSPITAL

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



PINEHURST  
SURGICAL  
CLINIC  
**FirstHealth**  
LEE CAMPUS

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



PINEHURST  
SURGICAL  
CLINIC  
**FirstHealth**  
MOORE REGIONAL HOSPITAL  
HOKE

Main Phone Number: **(910) 621-3797 (Dr Sumner)**  
**(910) 215-2507 (Drs. Strode & Vegeler)**  
Address: FirstHealth Physician Offices & Specialty Svcs  
6322 Fayetteville Road,  
Raeford, NC 28376

# 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**