



**GENERAL SURGERY**  
**New Patient Fax Referral Form**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Diagnosis/Reason for Referral: \_\_\_\_\_

For Port Placement – Date of Next Chemotherapy Treatment: \_\_\_\_\_

**Please fax the following information with referral form:**

- Demographics/insurance cards (front/back)
- All recent testing results (imaging/labs/path reports)
- Patient must bring copy of films for review at time of appointment
- Recent office visit notes
- Current medication list

**Requested Provider (please circle below)**

<p><b>St. Thomas West</b> 4230 Harding Pk., #705 Nashville, TN 37205 TEL: 615.385.1547 FAX: 615.297.9161</p> <p>Drew Reynolds, MD Tyson Thomas, MD Patrick Wolf, MD</p> <hr/>	<p><b>Downtown</b> 410 42nd Ave. N., #400 Nashville, TN 37209 TEL: 615.329.7887 FAX: 615.340.4537</p> <p>Mark Cooper, MD Mariana Chavez, MD Richard Geer, MD Trudie Goers, MD Bassam Helou, MD George Lynch, MD James McDowell, MD William Polk, MD Marc Rosen, DO</p>	<p><b>Summit</b> 660 S. Mt. Juliet Rd., #230 Mt. Juliet, TN 37122 TEL: 615.874.9667 FAX: 615.871.9682</p> <p>John Boskind, MD Alex Brent Fruin, MD Craig Ternovits, MD J. Tyler Watson, MD</p> <hr/>	<p><b>Skyline</b> 3443 Dickerson Pk., #600 Nashville, TN 37207 TEL: 615.865.0700 FAX: 615.865.0701 Clinton Marlar, MD</p> <hr/>
<p><b>Columbia</b> 1222 Trotwood Ave., #211 Columbia, TN 38401 TEL: 931.380.3033 FAX: 931.388.3401</p> <p>Mark Hinson, MD, FACS Chad Moss, MD, FACS Andrew Garrett, MD</p>		<p><b>Lebanon</b> 920 S. Hartmann Rd., #340 Lebanon, TN 37090 TEL: 615.784.4039 FAX: 615.871.9682</p> <p>Craig Ternovits, MD</p>	<p><b>Smyrna</b> 515 StoneCrest Pkwy., #230 Smyrna, TN 37167 TEL: 615.223.9935 FAX: 615.891.5046</p> <p>Willie Melvin III, MD, FACS Josh Taylor MD, FACS</p> <hr/>
			<p><b>Southern Hills</b> 393 Wallace Rd., #301, Bldg. A Nashville, TN 37211 TEL: 615.425.0550 FAX: 615.833.8287</p> <p>Suhail H. Allos, MD Patrick T. Davis, MD, FACS</p>

Once we receive your referral information, we will contact the patient to coordinate and make an appointment time.  
VISIT [TSLINIC.COM](http://TSLINIC.COM) TO SEND DIGITAL REFERRAL THROUGH OUR WEBSITE.



**VASCULAR SURGERY  
New Patient Fax Referral Form**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Reason for Referral:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Abdominal Aortic Aneurysm | <input type="checkbox"/> Leg Pain                  | <input type="checkbox"/> Occlusive Disease |
| <input type="checkbox"/> Carotid Artery Disease    | <input type="checkbox"/> Leg Ulceration            | <input type="checkbox"/> PVD/PAD           |
| <input type="checkbox"/> Dialysis Evaluation       | <input type="checkbox"/> Mesenteric/Renal Arterial | <input type="checkbox"/> Other: _____      |

**Requested Provider (please circle below)**

<p><b>St. Thomas West</b> 4230 Harding Pk., #705 Nashville, TN 37205 TEL: 615.385.1547 FAX: 615.297.9161 Julia Boll, MD, RPVI, FACS Jeffery B. Dattilo, MD, FACS JimBob Faulk, MD, FACS, RPVI M. Caroline Nally, MD</p>	<p><b>St. Thomas Midtown</b> 301 21st Ave. N., #101 Nashville, TN 37203 TEL: 615.385.1547 FAX: 615.297.9161 Julia Boll, MD, RPVI, FACS M. Caroline Nally, MD JimBob Faulk, MD, RPVI, FACS</p>	<p><b>Downtown</b> 410 42nd Ave. N., #400 Nashville, TN 37209 TEL: 615.329.7887 FAX: 615.340.4537 Bryan T. Fisher, MD Allen P. Lee, MD</p>	<p><b>Summit</b> 660 S. Mt. Juliet Rd., #230 Mt. Juliet, TN 37122 TEL: 615.874.9667 FAX: 615.871.9682 Billy J. Kim, MD, FACS</p>
<p><b>Smyrna</b> 515 StoneCrest Pkwy., #230 Smyrna, TN 37167 TEL: 615.223.9935 FAX: 615.891.5046 Mark W. Shelton, MD Todd Wilkens, MD</p>	<p>TEL: 615.329.7887 FAX: 615.340.4537 Allen P. Lee, MD</p>	<p><b>Skyline</b> 3443 Dickerson Pk., #600 Nashville, TN 37207 TEL: 615.865.0700 FAX: 615.865.0701 Adam A. Richter, MD, RPVI</p> <p><b>Southern Hills</b> 393 Wallace Rd., #301, Bldg. A Nashville, TN 37211 TEL: 615.425.0550 FAX: 615.833.8287 Mark W. Shelton, MD</p>	<p><b>Columbia</b> 1222 Trotwood Ave., #211 Columbia, TN 38401 TEL: 931.380.3033 FAX: 931.388.3401 Brian Kendrick, MD James W. Richardson Jr., MD, FACS Patrick C. Yu, MD</p> <p><b>Dickson</b> 111 Hwy 70 East, #104 Dickson, TN 37055 TEL: 615.329.7887 FAX: 615.340.4537 Bryan T. Fisher, MD</p>

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**BREAST SURGERY & SURGICAL ONCOLOGY  
New Patient Fax Referral Form**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Diagnosis/Reason for Referral: \_\_\_\_\_

For Port Placement – Date of Next Chemotherapy Treatment: \_\_\_\_\_

**Please fax the following information with referral form:**

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- Recent office visit notes
- Current medication list

**Requested Provider (please circle below)**

<p><b>St. Thomas West</b> 4230 Harding Pk., #705 Nashville, TN 37205 TEL: 615.385.1547 FAX: 615.297.9161</p> <p><b>Breast Surgeons</b> Drew Reynolds, MD Tyson Thomas, MD Patrick Wolf, MD</p> <p><b>Surgical Oncology</b> Patrick Wolf, MD</p>	<p><b>Downtown</b> 410 42nd Ave. N., #400 Nashville, TN 37209 TEL: 615.329.7887 FAX: 615.340.4537</p> <p><b>Breast Surgeons</b> Mark Cooper, MD Richard Geer, MD</p> <p><b>Surgical Oncology</b> William Polk, MD Richard Geer, MD Mariana Chavez, MD</p>	<p><b>Summit</b> 660 S. Mt. Juliet Rd., #230 Mt. Juliet, TN 37122 TEL: 615.874.9667 FAX: 615.871.9682</p> <p><b>Breast Surgeons</b> John Boskind, MD, FACS Alex Brent Fruin, MD</p> <hr/> <p><b>Southern Hills</b> 395 Wallace Rd., #306A Nashville, TN 37211 TEL: 615.329.7887 FAX: 615.340.4537</p> <p><b>Breast Surgeons</b> Mark E. Cooper, MD, FACS</p>	<p><b>Columbia</b> 1222 Trotwood Ave., #211 Columbia, TN 38401 TEL: 931.380.3033 FAX: 931.388.3401</p> <p><b>Breast Surgeons</b> Mark Hinson, MD, FACS Chad Moss, MD, FACS James Richardson Jr., MD, FACS</p>
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**AESTHETIC & RECONSTRUCTIVE SURGERY  
New Patient Fax Referral Form**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Diagnosis/Reason for Referral: \_\_\_\_\_

**Please fax the following information with referral form:**

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- Patient must bring copy of films for review at time of appointment
- Recent office visit notes
- Current medication list

**Requested Provider (please circle below)**

**The Lett Center Mt. Juliet**

660 S. Mt. Juliet Rd., #210  
Mt. Juliet, TN 37122  
TEL: 615.443.0901  
FAX: 615.443.0310

E. Dwayne Lett, MD

**The Lett Center Lebanon**

920 S. Hartmann Rd., #340  
Lebanon, TN 37090  
TEL: 615.784.4039  
FAX: 615.443.0310

E. Dwayne Lett, MD

**Garza Plastic Surgery**

4322 Harding Pk., #326  
Nashville, TN 37205  
TEL: 615.620.7800  
FAX: 615.620.7805

Robert Garza, MD

Once we receive your referral information, we will contact the patient to coordinate and make an appointment time.  
We will contact the referring physician office within 48 hours with patient's appointment information.  
VISIT [TSCLINIC.COM](http://TSCLINIC.COM) TO SEND DIGITAL REFERRAL THROUGH OUR WEBSITE.



**BARIATRIC SURGERY**  
**New Patient Fax Referral Form**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Diagnosis/Reason for Referral: \_\_\_\_\_

**Please fax the following information with referral form:**

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- All recent testing results (imaging/labs/path reports)
- Patient must bring copy of films for review at time of appointment
- Recent office visit notes
- Current medication list

**Requested Provider (please circle below)**

**St. Thomas**

300 20th Ave. N., Suite 301  
Nashville, TN 37203  
TEL: 615.284.2400  
FAX: 615.284.4644

**Surgeon**

George B. Lynch, MD  
James G. McDowell, MD

**Southern Hills**

393 Wallace Rd., #301, Bldg. A  
Nashville, TN 37211  
TEL: 615.425.0550  
FAX: 615.833.8287

**Surgeon**

Patrick T. Davis, MD, FACS

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**PODIATRY**  
**New Patient Referral Form**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**Please send us any recent office notes, labs or test results for this patient.**

**Requested Provider (please circle below)**

**Nashville**  
**Foot & Ankle Specialists**  
4230 Harding Rd., Ste. 202  
Nashville, TN 37205  
TEL: 615.662.6676  
FAX: 615.662.8371

Dr. Timothy Bush

**Lebanon**  
920 S. Hartmann Rd., Ste. 340  
Lebanon, TN 37090  
TEL: 615.874.9667  
FAX: 615.871.9682

Dr. Tod Bushman

**Summit**  
660 S. Mt. Juliet Rd., Ste. 230  
Mt. Juliet, TN 37122  
TEL: 615.874.9667  
FAX: 615.871.9682

Dr. Tod Bushman



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Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**Please send us any recent office notes, labs or test results for this patient.**

**Requested Provider (please circle below)**

Roger A. Bonau, MD, FACS

John E. Keyser, III, MD, FACS

Billy Kim, MD, FACS

Allen P. Lee, MD

**Requested Location (please select below)**

**Belle Meade**

4535 Harding Pike, Ste. 304  
Nashville, TN 37205  
TEL 615-269-9007  
FAX 615-269-3448

**Mt. Juliet**

660 S. Mt. Juliet Rd., Ste. 211  
Mt. Juliet, TN 37133  
TEL 615-932-8346  
FAX 615-891-5048