



**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>St. Thomas West 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>St. Thomas Midtown 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>Downtown 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>Summit 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>Smyrna 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>Skyline 3443 Dickerson Pk., #600 Nashville, TN 37207 TEL: 615.865.0700 FAX: 615.865.0701 Adam A. Richter, MD, RPVI</p> <p>Southern Hills 393 Wallace Rd., #301, Bldg. A Nashville, TN 37211 TEL: 615.425.0550 FAX: 615.833.8287 Mark W. Shelton, MD</p>	<p>Columbia 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>Dickson 111 Hwy 70 East, #104 Dickson, TN 37055 TEL: 615.329.7887 FAX: 615.340.4537 Bryan T. Fisher, MD</p>

Once we receive your referral information, we will contact the patient to coordinate and make an appointment time.
VISIT TSCLINIC.COM TO SEND DIGITAL REFERRAL THROUGH OUR WEBSITE.