



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)

St. Thomas West 4230 Harding Pk., #705 Nashville, TN 37205 TEL: 615.385.1547 FAX: 615.297.9161 Drew Reynolds, MD Tyson Thomas, MD Patrick Wolf, MD _____	Downtown 410 42nd Ave. N., #400 Nashville, TN 37209 TEL: 615.329.7887 FAX: 615.340.4537 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	Summit 660 S. Mt. Juliet Rd., #230 Mt. Juliet, TN 37122 TEL: 615.874.9667 FAX: 615.871.9682 John Boskind, MD Alex Brent Fruin, MD Craig Ternovits, MD J. Tyler Watson, MD _____	Skyline 3443 Dickerson Pk., #600 Nashville, TN 37207 TEL: 615.865.0700 FAX: 615.865.0701 Clinton Marlar, MD _____
Columbia 832 Westover Dr., #200 Columbia, TN 38401 TEL: 931.380.3033 FAX: 931.388.3401 Mark Hinson, MD, FACS Chad Moss, MD, FACS Andrew Garrett, MD		Lebanon 920 S. Hartmann Rd., #340 Lebanon, TN 37090 TEL: 615.784.4039 FAX: 615.871.9682 Alex Brent Fruin, MD J. Tyler Watson, MD	Smyrna 515 StoneCrest Pkwy., #230 Smyrna, TN 37167 TEL: 615.223.9935 FAX: 615.891.5046 Willie Melvin III, MD, FACS Josh Taylor MD, FACS _____
			Southern Hills 393 Wallace Rd., #301, Bldg. A Nashville, TN 37211 TEL: 615.425.0550 FAX: 615.833.8287 Suhail H. Allos, MD Patrick T. Davis, MD, FACS

Once we receive your referral information, we will contact the patient to coordinate and make an appointment time.
VISIT 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>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 832 Westover Dr., #200 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.



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:

- 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)

Table with 4 columns: St. Thomas West, Downtown, Summit, Columbia. Each column lists clinic address, phone/fax, and lists of Breast Surgeons and Surgical Oncology providers.

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.



**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:

- 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)

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

410 42nd Ave. N., #301
Nashville, TN 37209
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 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:

- 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>St. Thomas 300 20th Ave. N., Suite 301 Nashville, TN 37203 TEL: 615.284.2400 FAX: 615.284.4644</p> <p>Surgeon George B. Lynch, MD James G. McDowell, MD</p>	<p>Southern Hills 393 Wallace Rd., #301, Bldg. A Nashville, TN 37211 TEL: 615.425.0550 FAX: 615.833.8287</p> <p>Surgeon Patrick T. Davis, MD, FACS</p>	<p>Summit 660 S. Mt. Juliet Rd., Ste. 230 Mt. Juliet, TN 37122 TEL: 615.425.0550 FAX: 615.833.8287</p> <p>Surgeon Patrick T. Davis, MD, FACS</p>
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Once we receive your referral information, we will contact the patient to coordinate and make an appointment time.

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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



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)

Julia Boll, MD, RPVI, FACS

Roger A. Bonau, MD, FACS

Billy Kim, MD, FACS

Allen P. Lee, MD

M. Caroline Nally, 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