



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.

VISIT TSCLINIC.COM TO SEND DIGITAL REFERRAL THROUGH OUR WEBSITE.