



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, FACS
Tyson Thomas, MD, FACS
Patrick Wolf, MD, FACS
Rachel Bryant, 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

Downtown

410 42nd Ave. N., #400
Nashville, TN 37209
TEL: 615.329.7887
FAX: 615.340.4537

Mark Cooper, MD, FACS
Mariana Chavez, MD, FACS
Trudie Goers, MD, FACS
Bassam Helou, MD
George Lynch, MD, FACS
James McDowell, MD, FACS
William Polk, MD, FACS
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, FACS
Alex Brent Fruin, MD
J. Tyler Watson, 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

Skyline

3443 Dickerson Pk., #600
Nashville, TN 37207
TEL: 615.865.0700
FAX: 615.865.0701

Clinton Marlar, 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, FACS
Patrick T. Davis, MD, FACS

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.



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)

St. Thomas West

4230 Harding Pk., #705
Nashville, TN 37205
TEL: 615.385.1547
FAX: 615.297.9161

Julia Boll, MD, FACS, RPVI
Jeffery B. Dattilo, MD, FACS
JimBob Faulk, MD, FACS, RPVI
M. Caroline Nally, MD, FACS, RPVI

Smyrna

515 StoneCrest Pkwy., #230
Smyrna, TN 37167
TEL: 615.223.9935
FAX: 615.891.5046

Mark W. Shelton, MD, FACS
Todd Wilkens, MD, FACS

Hendersonville

355 New Shackel Island Rd., #123B
Hendersonville, TN 37075
TEL: 615.865.0700
FAX: 615.865.0701
Adam A. Richter, MD, FACS, RPVI

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, FACS, RPVI

Skyline

3443 Dickerson Pk., #600
Nashville, TN 37207
TEL: 615.865.0700
FAX: 615.865.0701
Adam A. Richter, MD, FACS, RPVI

Southern Hills

393 Wallace Rd., #301, Bldg. A
Nashville, TN 37211
TEL: 615.425.0550
FAX: 615.833.8287
Mark W. Shelton, MD, FACS

Summit

660 S. Mt. Juliet Rd., #230
Mt. Juliet, TN 37122
TEL: 615.874.9667
FAX: 615.871.9682

Billy J. Kim, MD, FACS, RPVI

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

Dickson

111 Hwy 70 East, #103
Dickson, TN 37055
TEL: 615.329.7887
FAX: 615.340.4537
Bryan T. Fisher, MD

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 provider details, specialties, and contact information.

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, FACS

The Lett Center Lebanon

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

E. Dwayne Lett, MD, FACS

Garza Plastic Surgery

410 42nd Ave. N., #301
Nashville, TN 37209
TEL: 615.620.7800
FAX: 615.620.7805

Robert Garza, MD, FACS

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, FACS James G. McDowell, MD, FACS</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.



**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, FACS, RPVI
- Roger A. Bonau, MD, FACS, RPVI
- Billy Kim, MD, FACS, RPVI
- Allen P. Lee, MD, FACS, RPVI
- M. Caroline Nally, MD, FACS, RPVI

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

