



**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.**