



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
D. Davidson Oxley, MD, FACS

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
Christopher M. Braxton, 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 TSLINIC.COM TO SEND DIGITAL REFERRAL THROUGH OUR WEBSITE.