



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 Shackle 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.