



**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.