



**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, FACS

**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 [TSClinic.com](http://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 Shackles 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  
Patrick C. Yu, MD

**Dickson**

111 Hwy 70 East, #104  
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](http://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, Bowling Green, Franklin, Southern Hills, Paducah. Each column lists location, address, phone/fax, and associated surgeons.

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)**

<b>The Lett Center Mt. Juliet</b> 660 S. Mt. Juliet Rd., #210 Mt. Juliet, TN 37122 TEL: 615.443.0901 FAX: 615.443.0310  E. Dwayne Lett, MD, FACS Maelee Yang, MD	<b>The Lett Center Lebanon</b> 920 S. Hartmann Rd., #340 Lebanon, TN 37090 TEL: 615.784.4039 FAX: 615.443.0310  E. Dwayne Lett, MD, FACS	<b>Garza Plastic Surgery</b> 410 42nd Ave. N., #301 Nashville, TN 37209 TEL: 615.620.7800 FAX: 615.620.7805  Robert Garza, MD, FACS Maelee Yang, MD	<b>Downtown</b> 410 42nd Ave. N., #400 Nashville, TN 37209 TEL: 615.329.7887 FAX: 615.340.4537  Maelee Yang, MD
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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](http://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)**

**St. Thomas**

300 20th Ave. N., Suite 301  
Nashville, TN 37203  
TEL: 615.284.2400  
FAX: 615.284.4644

**Surgeon**

George B. Lynch, MD, FACS  
James G. McDowell, MD, FACS

**Southern Hills**

393 Wallace Rd., #301, Bldg. A  
Nashville, TN 37211  
TEL: 615.425.0550  
FAX: 615.833.8287

**Surgeon**

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](http://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

