



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 _____	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 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 _____	Skyline 3443 Dickerson Pk., #600 Nashville, TN 37207 TEL: 615.865.0700 FAX: 615.865.0701 Clinton Marlar, 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	Hendersonville 107 Glen Oak Blvd., Ste. 201A Hendersonville, TN 37075 TEL: 615.757.3451 FAX: 615.757.3296 John D. Valentine, MD, FACS	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	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 Patrick T. Davis, MD, FACS Clinton Marlar, 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.