



**GENERAL SURGERY  
New Patient Fax Referral Form**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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)**

<p><b>St. Thomas West</b> 4230 Harding Pk., #705 Nashville, TN 37205 TEL: 615.385.1547 FAX: 615.297.9161</p> <p>Drew Reynolds, MD, FACS Tyson Thomas, MD, FACS Patrick Wolf, MD, FACS</p> <hr/> <p><b>Columbia</b> 832 Westover Dr., #200 Columbia, TN 38401 TEL: 931.380.3033 FAX: 931.388.3401</p> <p>Mark Hinson, MD, FACS Chad Moss, MD, FACS Andrew Garrett, MD D. Davidson Oxley, MD, FACS</p>	<p><b>Downtown</b> 410 42nd Ave. N., #400 Nashville, TN 37209 TEL: 615.329.7887 FAX: 615.340.4537</p> <p>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</p> <hr/> <p><b>Hendersonville</b> 107 Glen Oak Blvd., Ste. 201A Hendersonville, TN 37075 TEL: 615.757.3451 FAX: 615.757.3296</p> <p>John D. Valentine, MD, FACS</p>	<p><b>Summit</b> 660 S. Mt. Juliet Rd., #230 Mt. Juliet, TN 37122 TEL: 615.874.9667 FAX: 615.871.9682</p> <p>John Boskind, MD, FACS Alex Brent Fruin, MD J. Tyler Watson, MD Christopher M. Braxton, MD</p> <hr/> <p><b>Lebanon</b> 920 S. Hartmann Rd., #340 Lebanon, TN 37090 TEL: 615.784.4039 FAX: 615.871.9682</p> <p>Alex Brent Fruin, MD J. Tyler Watson, MD</p>	<p><b>Skyline</b> 3443 Dickerson Pk., #600 Nashville, TN 37207 TEL: 615.865.0700 FAX: 615.865.0701 Clinton Marlar, MD</p> <hr/> <p><b>Smyrna</b> 515 StoneCrest Pkwy., #230 Smyrna, TN 37167 TEL: 615.223.9935 FAX: 615.891.5046</p> <p>Willie Melvin III, MD, FACS Josh Taylor MD, FACS</p> <hr/> <p><b>Southern Hills</b> 393 Wallace Rd., #301, Bldg. A Nashville, TN 37211 TEL: 615.425.0550 FAX: 615.833.8287</p> <p>Patrick T. Davis, MD, FACS Clinton Marlar, MD</p>
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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:

- Abdominal Aortic Aneurysm, Leg Pain, Occlusive Disease, Carotid Artery Disease, Leg Ulceration, PVD/PAD, Dialysis Evaluation, Mesenteric/Renal Arterial, 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

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

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.



**BREAST SURGERY & SURGICAL ONCOLOGY**  
**New Patient Fax Referral Form**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Diagnosis/Reason for Referral: \_\_\_\_\_

For Port Placement – Date of Next Chemotherapy Treatment: \_\_\_\_\_

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- 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

**Breast Surgeons**

Tyson Thomas, MD, FACS

**Surgical Oncology**

Patrick Wolf, MD, FACS

**Bowling Green**

1325 Andrea St., Ste. 207  
Bowling Green, KY 42104  
TEL 615.329.7887  
FAX 615.340.4537

**Surgical Oncology**

William Polk, MD, FACS

**Downtown**

410 42nd Ave. N., #400  
Nashville, TN 37209  
TEL: 615.329.7887  
FAX: 615.340.4537

**Breast Surgeons**

Mark Cooper, MD, FACS

**Surgical Oncology**

William Polk, MD, FACS  
Mariana Chavez, MD, FACS

**Franklin**

4488 Carothers Pkwy., Ste. 201  
Franklin, TN 37067  
TEL 615.329.7887  
FAX 615.340.4537

**Surgical Oncology**

Mariana Chavez, MD, FACS

**Summit**

660 S. Mt. Juliet Rd., #230  
Mt. Juliet, TN 37122  
TEL: 615.874.9667  
FAX: 615.871.9682

**Breast Surgeons**

John Boskind, MD, FACS  
Alex Brent Fruin, MD

**Surgical Oncology**

Mariana Chavez, MD, FACS

**Southern Hills**

395 Wallace Rd., #306A  
Nashville, TN 37211  
TEL: 615.329.7887  
FAX: 615.340.4537

**Breast Surgeons**

Mark Cooper, MD, FACS

**Columbia**

832 Westover Dr., #200  
Columbia, TN 38401  
TEL: 931.380.3033  
FAX: 931.388.3401

**Breast Surgeons**

Mark Hinson, MD, FACS  
Chad Moss, MD, FACS

**Paducah**

225 Medical Center Dr., Ste. 308  
Paducah, KY 42003  
TEL: 615.329.7887  
FAX: 615.340.4537

**Surgical Oncology**

William Polk, 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

Once we receive your referral information, we will contact the patient to coordinate and make an appointment time.  
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**AESTHETIC & RECONSTRUCTIVE SURGERY  
New Patient Fax Referral Form**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Diagnosis/Reason for Referral: \_\_\_\_\_

**Please fax the following information with referral form:**

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- 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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)**

**Downtown Clinic**

410 42nd Ave. N., Ste. 400  
Nashville, TN 37209  
TEL: 615.329.7887  
FAX: 615.340.4537

**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.  
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**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

