



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
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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
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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
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Columbia

832 Westover Dr., #200
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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.