



**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)**

<p><b>Downtown Clinic</b> 410 42nd Ave. N., Ste. 400 Nashville, TN 37209 TEL: 615.329.7887 FAX: 615.340.4537</p> <p><b>Surgeon</b> George B. Lynch, MD, FACS James G. McDowell, MD, FACS</p>	<p><b>Southern Hills</b> 393 Wallace Rd., #301, Bldg. A Nashville, TN 37211 TEL: 615.425.0550 FAX: 615.833.8287</p> <p><b>Surgeon</b> Patrick T. Davis, MD, FACS</p>	<p><b>Brentwood</b> 1001 Health Park Dr., #500 Brentwood, TN 37027 TEL 615.425.0550 FAX 615.833.8287</p> <p><b>Surgeon</b> Patrick T. Davis, MD, FACS</p>
--	--	---

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.