THE SURGICAL CLINIC

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
_____ Carotid Artery Disease
_____ Dialysis Evaluation
_____ Leg Pain
_____ Leg Ulceration
_____ Mesenteric/Renal Arterial
_____ Occlusive Disease
_____ PVD/PAD
_____ 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.

v.8.24