



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>St. Thomas West 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>Downtown 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 Gretchen Edwards, MD, MPH James Thomas Griscom III, MD Bassam Helou, MD George Lynch, MD, FACS James McDowell, MD, FACS William Polk, MD, FACS Marc Rosen, DO</p> <hr/>	<p>Summit 660 S. Mt. Juliet Rd., #230 Mt. Juliet, TN 37122 TEL: 615.874.9667 FAX: 615.871.9682</p> <p>John Boskind, MD, FACS Christopher M. Braxton, MD Alex Brent Fruin, MD Jeffrey Levine, MD, FACS</p> <hr/>	<p>Skyline 3443 Dickerson Pk., #600 Nashville, TN 37207 TEL: 615.865.0700 FAX: 615.865.0701 Clinton Marlar, MD</p> <hr/>
<p>Columbia 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 D. Davidson Oxley, MD, FACS</p>	<p>Hendersonville 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>Lebanon 920 S. Hartmann Rd., #340 Lebanon, TN 37090 TEL: 615.784.4039 FAX: 615.871.9682 Alex Brent Fruin, MD</p> <hr/>	<p>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</p> <hr/>
		<p>Brentwood 1001 Health Park Dr., #500 Brentwood, TN 37027 TEL 615.425.0550 FAX 615.833.8287 Patrick T. Davis, MD, FACS Clinton A. Marlar, MD</p>	<p>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</p>

Once we receive your referral information, we will contact the patient to coordinate and make an appointment time.
VISIT TSLINIC.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)

Table with 3 columns listing provider locations: St. Thomas West, Downtown, Summit, Smyrna, Skyline, Columbia, Hendersonville, Southern Hills, Dickson, and Gallatin. Each entry includes address, phone numbers, and provider names.

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: _____

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

Breast Surgeons

Tyson Thomas, MD, FACS

Surgical Oncology

Patrick Wolf, MD, FACS

Hendersonville

107 Glen Oak Blvd., #201A
Hendersonville, TN 37075
TEL: 615.757.3451
FAX: 615.757.3296

John D. Valentine, 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
Gretchen Edwards, MD, MPH

Franklin

4488 Carothers Pkwy., #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

Smyrna

515 StoneCrest Pkwy., #230
Smyrna, TN 37167
TEL: 615.223.9935
FAX: 615.891.5046

Breast Surgeons

Willie Melvin III, MD, FACS
Joshua T. Taylor, 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., #308
Paducah, KY 42003
TEL: 615.329.7887
FAX: 615.340.4537

Surgical Oncology

William Polk, 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

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:

- 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)

The Lett Center Mt. Juliet 660 S. Mt. Juliet Rd., #210 Mt. Juliet, TN 37122 TEL: 615.443.0901 FAX: 615.443.0310 E. Dwayne Lett, MD, FACS	The Lett Center Lebanon 920 S. Hartmann Rd., #340 Lebanon, TN 37090 TEL: 615.784.4039 FAX: 615.443.0310 E. Dwayne Lett, MD, FACS	Garza Plastic Surgery 410 42nd Ave. N., #301 Nashville, TN 37209 TEL: 615.620.7800 FAX: 615.620.7805 Robert Garza, MD, FACS 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 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)

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



**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

