



**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</p>	<p>Southern Hills Clinic 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>Columbia Clinic 832 Westover Dr., #200 Columbia, TN 38401 TEL: 931.380.3033 FAX: 931.388.3401</p> <p>Surgeon George B. Lynch, MD, FACS</p>	<p>Brentwood Clinic 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> <p>Summit Clinic (Mt. Juliet) 660 South Mt. Juliet Road, #230 Mt. Juliet, TN 37122 TEL 615.874.9667 FAX 615.871.9682</p> <p>Surgeon James Thomas Griscom III, 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 TO SEND DIGITAL REFERRAL THROUGH OUR WEBSITE.