



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
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 Shackel 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

Gallatin
110 St. Blaise Rd., Ste. 100
Gallatin, TN 37066
TEL: 615.385.1547
FAX: 615.297.9161
Julia Boll, MD, FACS, RPVI

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.