THE SURGICAL CLINIC

## 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** | **The Lett Center Lebanon** | **Nashville Advanced Plastic Surgery** |
|---|---|---|
| 660 S. Mt. Juliet Rd., #210<br>Mt. Juliet, TN 37122<br>TEL: 615.443.0901<br>FAX: 615.443.0310 | 920 S. Hartmann Rd., #340<br>Lebanon, TN 37090<br>TEL: 615.784.4039<br>FAX: 615.443.0310 | 410 42nd Ave. N., #301<br>Nashville, TN 37209<br>TEL: 615.620.7800<br>FAX: 615.620.7805 |
| E. Dwayne Lett, MD, FACS | E. Dwayne Lett, MD, FACS | Maelee Yang, MD |

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.