



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)

Downtown Clinic

410 42nd Ave. N., Ste. 400
Nashville, TN 37209
TEL: 615.329.7887
FAX: 615.340.4537

Surgeon

James Thomas Griscom III, MD
George B. Lynch, MD, FACS

Southern Hills Clinic

393 Wallace Rd., #301, Bldg. A
Nashville, TN 37211
TEL: 615.425.0550
FAX: 615.833.8287

Surgeon

Patrick T. Davis, MD, FACS

Columbia Clinic

832 Westover Dr., #200
Columbia, TN 38401
TEL: 931.380.3033
FAX: 931.388.3401

Surgeon

George B. Lynch, MD, FACS

Brentwood Clinic

1001 Health Park Dr., #500
Brentwood, TN 37027
TEL 615.425.0550
FAX 615.833.8287

Surgeon

Patrick T. Davis, MD, FACS

Summit Clinic (Mt. Juliet)

660 South Mt. Juliet Road, #230
Mt. Juliet, TN 37122
TEL 615.874.9667
FAX 615.871.9682

Surgeon

James Thomas Griscom III, MD

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.