THE SURGICAL CLINIC

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)

St. Thomas West
4230 Harding Pk., #705
Nashville, TN 37205
TEL: 615.385.1547
FAX: 615.297.9161

Drew Reynolds, MD, FACS
Tyson Thomas, MD, FACS
Patrick Wolf, MD, FACS

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

Mark Hinson, MD, FACS
Chad Moss, MD, FACS
D. Davidson Oxley, MD, FACS

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

Mariana Chavez, MD, FACS
Gretchen Edwards, MD, MPH
James Thomas Griscom III, MD
Bassam Helou, MD
George Lynch, MD, FACS
William Polk, MD, FACS
Marc Rosen, DO

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

John D. Valentine, MD, FACS

Summit
660 S. Mt. Juliet Rd., #230
Mt. Juliet, TN 37122
TEL: 615.874.9667
FAX: 615.871.9682

John Boskind, MD, FACS
Christopher M. Braxton, MD
Alex Brent Fruin, MD
Jeffrey Levine, MD, FACS

Lebanon
920 S. Hartmann Rd., #340
Lebanon, TN 37090
TEL: 615.784.4039
FAX: 615.871.9682

Alex Brent Fruin, MD

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

Skyline
3443 Dickerson Pk., #600
Nashville, TN 37207
TEL: 615.865.0700
FAX: 615.865.0701

Clinton Marlar, MD

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

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

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.

THE SURGICAL CLINIC

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
_____ Carotid Artery Disease
_____ Dialysis Evaluation
_____ Leg Pain
_____ Leg Ulceration
_____ Mesenteric/Renal Arterial
_____ Occlusive Disease
_____ PVD/PAD
_____ 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 Shackle 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.

THE SURGICAL CLINIC

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

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

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.

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 Mt. Juliet, TN 37122 TEL: 615.443.0901 FAX: 615.443.0310	920 S. Hartmann Rd., #340 Lebanon, TN 37090 TEL: 615.784.4039 FAX: 615.443.0310	410 42nd Ave. N., #301 Nashville, TN 37209 TEL: 615.620.7800 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.

THE SURGICAL CLINIC

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.

THE SURGICAL CLINIC

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

VC | VEINCENTRE

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 615-269-3448

A division of THE SURGICAL CLINIC