

Date: _____

Patient's Name: _____

Patient's DOB: _____ **Patient's SSN:** _____

Guarantor Name (if patient is under 18): _____

Guarantor DOB: _____

Referring Physician: _____

Referring Physician NPI (if new referral): _____

Contact person: _____

Contact Phone Number: _____ **Fax Number:** _____

Reason for referral: _____

Routine: **Urgent:**

Doctor request: Bruce Abkes, MD Anthony Grady, MD Kenneth Lewoczko, MD

Johnathan Winstead, MD Timothy Zajonc, MD NP/PA 1st Available

Please send the following:

- **Demographic Sheet**
- **Copy of insurance card(s), front and back**
- **Last office visit**
- **Any imaging studies – please ask patient to bring a disc to appointment**
- **Any labs/pathology reports pertaining to the visit**

Please fax referral to: (423) 631-0835

Please call for any questions: (423) 929-9101