



1821 N. Washington St. | Tullahoma, TN 37388

Phone: (931) 455-2005 | Fax: (931) 455-4450

REFERRING PROVIDER

Provider: _____ Fax: _____

Contact Person: _____ Phone: _____

Reason / Diagnosis: _____

Specific Requests: _____

Patient aware we will contact them? ☐ Yes ☐ No

☐ Notify referring office of appointment date

PATIENT INFORMATION

Patient Name: _____ DOB: _____

SSN: _____ Preferred Phone: _____

Mailing Address: _____

City / State / ZIP: _____

Other Phone: _____

INSURANCE INFORMATION

Primary Insurance: _____ ID #: _____

Group #: _____ Secondary Insurance: _____

Secondary ID #: _____ Secondary Group #: _____

Subscriber Name: _____ Subscriber DOB: _____

Subscriber SSN: _____

PLEASE ATTACH

- | | |
|---|---|
| ☐ Insurance cards | ☐ Current medication list, including supplements |
| ☐ Ordering visit note | ☐ Advance directive, if applicable |
| ☐ Face sheet / demographics | ☐ Relevant imaging reports |
| ☐ Relevant treatment history | |

SCHEDULING & REFERRAL GUIDELINES

Fax the completed referral and supporting records to **(931) 455-4450**. Missing records may delay scheduling.

Allow up to one week for patient contact. We attempt to reach the patient three times; if unsuccessful, we fax the referring office.

We notify the referring office of the appointment date when requested and fax the completed visit note after the appointment.

Urgent referrals: Fax records and call **(931) 455-2005** to speak with a nurse.