



TN VASCULAR

315 NW Atlantic St

Tullahoma, TN 37388

Phone: 931-841-3948 Fax: 931-841-3906

www.drummondmd.com

Referral Form: Please complete the following & return with applicable records via fax at (931)841-3906. **Thank You for your referral!**

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ (H) _____ (C)

Referring Physician: _____ Contact person: _____

Numbers: _____ (Fax) _____ (Office)

Reason for referral/visit: _____

All Insurance(s): _____

(Please send copy of card if available)

ID#: _____ Group#: _____

PCP Auth. Req. _____ Yes _____ No

*****URGENT** _____

Please provide the following:

____ Current Office Note

____ Most Recent Lab Work

____ Most Recent Diagnostic Imaging Results (C.T., Ultrasound, etc.)

____ Current Medication List

*****Dialysis Patients: Days Dialyzed and facility:**

Mon./Wed./Fri. _____ **Tues./Thurs./Sat.** _____