



TN Vascular & Thoracic Surgical Associates, PC  
315 NW Atlantic Street  
Tullahoma, TN 37388  
(931)-841-3948/ph. (931)-841-3906/fax

## Referral Form: Dr. Charles S. Drummond, III

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Contact person \_\_\_\_\_ Fax Number \_\_\_\_\_

Reason for referral /visit: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

(Please send copy of card if available)

ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

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- Mon./Wed./Fri. \_\_\_\_\_ Tue./Thur./Sat. \_\_\_\_\_

