



UNIVERSITY SURGICAL ASSOCIATES
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Hixson Office Referral Form

Phone: 423-757-0897 Fax: 423-771-0499 universitysurgical.com

Dr. Ehsan Benrashid/Vascular Surgery
Dr. Benjamin Kellogg/General Surgery

Dr. Eric Nelson/Colorectal Surgery
Dr. Craig Swafford/General Surgery

Date: _____ Referring Physician Name: _____

Office Contact: _____ Phone: _____ Fax: _____

Email Address: _____

USA Physician Requested: _____

Patient Name: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Male Female SSN: _____

Insurance: _____

Group # _____ Subscriber ID # _____

Diagnosis, Tests and/or Symptoms: _____

Day/Time Patient is Available for Appointments: M T W Th F Mornings Afternoons

USA Office Preferred: _____

Along with this form, please fax demographics, office notes, tests, studies, ultrasounds, lab results, and legible copy of insurance cards.

FAX TO: 423-771-0499

Thank you for your referral!

USA will contact the patient with the appointment information.

