



UNIVERSITY SURGICAL ASSOCIATES

Exceptional surgeons. Compassionate care.

# USA Dayton Patient Referral Form

7693 Rhea County Highway, Suite 8, Dayton, TN 37321  
Phone: 423-771-0445 Fax: 423-771-0446 [universitysurgical.com](http://universitysurgical.com)

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: 423-771-0446

**Thank you for your referral!**

**USA will contact the patient with the appointment information.**

Contact us: 423-771-0445 or [universitysurgical.com](http://universitysurgical.com)

