



University Surgical Associates™

Exceptional surgeons. Compassionate care.

# Hixson Office Referral Form

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

**Dr. Benjamin Kellogg/General Surgery**

**Dr. Eric Nelson/Colorectal 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.**

