TN PREMIER CARE
1924 DUTCH VALLEY DR.
KNOXVILLE, TN 37918-1695
TEL: 865-281-5922
FAX: 865-766-5396

TN PREMIER CARE
1907 W. MORRIS BLVD.
MORRISTOWN, TN 37813-3877
TEL: 423-313-1390
FAX: 423-353-1393

REFERRING PHYSICIAN INFORMATION

*** PLEASE PRINT INFORMATION CLEARLY ***

DATE: _______/______/______ CONTACT PERSON:________________________________

REFERRED BY:____NPI #____

ADDRESS:____

PHONE: (____) _____________-______________________FAX: (____) _____________-_______________________

WHICH OF OUR OFFICES ARE YOU REFERRING TO?____

PRIMARY CARE PHYSICIAN (IF DIFFERENT FROM REFERRING PHYSICIAN): ______________________________

PHONE: (____) _____________-______________________FAX: (____) _____________-_______________________

WE MUST HAVE DEMOGRAPHIC INFORMATION TO BE ABLE TO CONTACT PATIENT

PATIENT’S NAME: ____ DOB: ________/______/_____________

ADDRESS:____ APT #___________________________

CITY: ____STATE: _______ ZIP CODE: _______________________

PHONE: (____) _____________-______________________FAX: (____) _____________-_______________________

EMAIL ADDRESS:____

DIAGNOSIS: ____

PRIMARY INSURANCE: ____________________________________ REQUIRES A REFERRAL: YES NO

SECONDARY INSURANCE:_________________________________ REQUIRES A REFERRAL: YES NO

**** PLEASE FAX THE LAST 3 MONTHS OF OFFICE VISITS, LAB RESULTS, INSURANCE CARDS & MRI / MRA, CT & XRAYS ****

**** PLEASE DO NOT FAX ANY MEDICAL RECORDS THAT DO NOT PERTAIN TO THIS REFERRAL ****