



**East Tennessee Pediatric  
Surgery Group**

Main Office Location  
2100 Clinch Avenue, MOB, Suite 430  
Knoxville, TN 37916

Morristown Satellite Location  
1817 W. Morris Blvd.  
Morristown, TN 37813

Phone: 865.546.2131 Fax: 877.821.0891 (for appointments at both locations)

# Referral Request

**Referral Reason:**  New Patient Visit/Consultation  Return Consultation

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

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

SS# \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

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

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

**\*\*\*Please send a copy of the insurance card if available\*\*\***

Reason for Referral: \_\_\_\_\_

Relevant History: \_\_\_\_\_

Does this patient require an interpreter?  Yes  No

**Please fax all relevant clinical documents including radiology and labs with this form.**

**New patients must be accompanied by a parent or legal guardian.**

**\*\*\*Office Use Only\*\*\*** Appointment: \_\_\_\_\_

Appointment will be scheduled with the **ON CALL SURGEON: Dr. Angel; Dr. Vaughan; Dr. Jensen;**

**Christie Curry, PA-C**

Appointment not scheduled (reason): \_\_\_\_\_

Records Received from Primary Care: \_\_\_\_\_