



# Bristol Surgical Associates, P.C.

GENERAL AND VASCULAR SURGERY

**Referral Form-(423) 844-6626 or (423) 844-6627**

*\*Please fax records and a copy of the patient's insurance cards with this referral form.*

**Requested Physician:**  D. Nelson Gwaltney, MD  Thomas C. Greene, MD  Michael D. Rowell, MD  
 Robert H. Blanton, PHD, MD  Benjamin S. Scharfstein, JR, MD  Sidney W. Collins, JR, MD  
 Paige C. Farrow, MD  Glenn H. Birkitt, Jr, MD  Eugene C. McClintic, MD  First Available

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

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Direct Email Address:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Patient Social Security Number:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_

**Patient Home Phone:** \_\_\_\_\_ **Patient Cell Phone:** \_\_\_\_\_ **Patient Work Phone:** \_\_\_\_\_

**Primary Insurance Information:**

**Primary Insurance Co Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_ **Grp#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Secondary Insurance Information:**

**Secondary Insurance Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_ **Grp#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Reason for Visit:** \_\_\_\_\_