



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 Michael D. Rowell, MD

Robert H. Blanton, PHD, MD Benjamin S. Scharfstein, JR, MD Sidney W. Collins, JR, MD

Paige C. Furrow, MD Eugene C. McClintic, MD John F. Vance, DO 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: _____