



**Main Office**  
 400 Berywood Trail NW, Suite B  
 Cleveland, TN 37312  
 Phone: 423-472-3201  
 Fax: 423-476-4949

**Satellite Office**  
 719 Cook Drive, Suite 114  
 Athens, TN 37303  
 Phone: 423-472-3201  
 Fax: 423-476-4949



## New Patient Referral Form

Referring Physician \_\_\_\_\_ NPI \_\_\_\_\_

Name of Office \_\_\_\_\_

Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_

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

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

Sex:  Male  Female SSN \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Insurance \_\_\_\_\_ ID Number \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ ID Number \_\_\_\_\_

## Reason for Referral

Diagnosis \_\_\_\_\_

Notes to Scheduler \_\_\_\_\_

Provider Preference \_\_\_\_\_

*Dr. Edward McIntire, MD*

*Dr. Daniel Box, MD*

*Dr. Christopher Thacker, MD*

*Dr. Alexander Ivey, MD*

*Amanda Linden, FNP-C*

**Please provide a clear copy of patient's insurance card, demographic information, and records including imaging, labs, and pathology reports.**

Tennessee Valley Urology does NOT accept TennCare unless secondary to Medicare.

Appointment \_\_\_\_\_ Patient Notified  Yes  No

**Fax or phone call referrals are welcome!**