

University Vascular Surgeons, phone (865) 305-8040

- \_\_\_ Joshua Arnold, M.D. – ATTN: Glenda (f) 865-305-8491 \_\_\_ UT Knoxville \_\_\_ UT Sevierville
- \_\_\_ Michael Ryan Buckley, M.D. – ATTN: Lyndsey (f) 865-305-8491 \_\_\_ UT Knoxville \_\_\_ UT Lenoir City
- \_\_\_ Michael Freeman, M.D. – ATTN: Cindy (f) 865-305-8491 \_\_\_ UT Knoxville
- \_\_\_ Oscar Grandas, M.D. – ATTN: Monika (f) 865-305-8166 \_\_\_ UT Knoxville
- \_\_\_ Michael McNally, M.D. – ATTN: Lu (f) 865-305-8491 \_\_\_ UT Knoxville \_\_\_ UT Sevierville
- \_\_\_ Scott Stevens, M.D. – ATTN: Susan (f) 865-305-8677 \_\_\_ UT Knoxville
- \_\_\_ Unspecified Provider – ATTN: Makayla/Tessa (f) 865-305-8041 \_\_\_ UT Knoxville  
\_\_\_ UT Lenoir City \_\_\_ UT Sevierville

**NEW PATIENT APPOINTMENT REQUEST**

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Has the patient had any vascular studies? \_\_\_ YES \_\_\_ NO; if YES, where? \_\_\_\_\_

Insurance 1: \_\_\_\_\_ Insurance 2: \_\_\_\_\_

Referring MD: \_\_\_\_\_ NPI: \_\_\_\_\_

Referring Office Contact: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Referring Office Phone: \_\_\_\_\_ Referring Office Fax: \_\_\_\_\_

**PLEASE FAX THE FOLLOWING TO THE PROVIDER # ABOVE:**  
Demographics, Copy of Insurance Cards, Last Office Notes, and study results **if performed at a location other than UTMC** (ultrasound, CT/CTA, MRI) pertaining to diagnosis. CT/CTA/MRI images are needed. Images need to be received prior to the scheduled appointment via ePACs to UTMC or disk mailed to: 1940 Alcoa Highway, E120, Knoxville, TN 37920.

**PLEASE NOTIFY YOUR PATIENT OF THE FOLLOWING APPOINTMENT:**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\*A new patient packet will be mailed to the patient to be completed and brought with them to their appointment. Thank you!