**University Vascular Surgeons Phone: (865) 305-8040**

\_\_\_ Joshua Arnold, M.D. – ATTN: Amy (F) 865-305-8491 \_\_\_ UT Knoxville \_\_\_ UT Sevierville

\_\_\_ Michael Ryan Buckley, M.D. – ATTN: April (F) 865-305-8491 \_\_\_ UT Knoxville \_\_\_ UT Lenoir City

\_\_\_ Michael Freeman, M.D. – ATTN: Kalei (F) 865-305-8491 \_\_\_ UT Knoxville \_\_\_ UT Halls

\_\_\_ Oscar Grandas, M.D. – ATTN: Jennifer (F) 865-305-8491 \_\_\_ UT Knoxville

\_\_\_ Lauren Grimsley, M.D. – ATTN: Izzy (F) 865-305-8491 \_\_\_ UT Knoxville

\_\_\_ Michael McNally, M.D. – ATTN: Lu (F) 865-305-8491 \_\_\_ UT Knoxville \_\_\_ UT Morristown

\_\_\_ Scott Stevens, M.D. – ATTN: Susan (F) 865-305-8677\_\_\_ UT Knoxville

\_\_\_ Unspecified Provider – ATTN: Front Office Staff (F) 865-305-8041

\_\_\_ UT Knoxville\_\_\_ UT Lenoir City\_\_\_ UT Sevierville \_\_\_ UT Halls \_\_\_ UT Morristown

**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.**

**Thank you for your referral – your patient’s appointment is scheduled for the following:**

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

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