



Referral Form

Fax completed form, insurance card(s) (front and back) and order to (865) 213-7646.

We **DO NOT** accept UHC/UMR or Tricare.

Patient Name		DOB	
Address			
Phone	Parent Email		Gender
Parent Name		Phone (Mobile or Work)	

Insurance Information

Primary	ID#	Group #	Guarantor Name	DOB
Secondary	ID#	Group #	Guarantor Name	DOB

DX/ Concerns:

Referring Provider Information

Practice Name	Provider	Phone	Fax
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For office use only

Appointment Date: _____ Appointment Time: _____ Family Notified

We are operating on a waitlist schedule. Once an appointment is available, we will reach out to the family to schedule and fax this form back to you.

Thank you for the referral!