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Oasis Park, Building 1
1724 Hamill Road, Suite 102
Chattanooga, TN 37343

1651 Gunbarrel Road
Suite 101A
Chattanooga, TN 37421

Telephone: (423) 267-6738
Facsimile: (423) 209-9106

Date _____ Patient Referral MRN# _____

Please complete the top half of this form and fax to (423) 209-9106 to schedule your patient an appointment with one of our physicians. We will send this form back to you with the scheduled appointment listed in the bottom section of the form. Please note your patient may already be established within our practice with a physician, if so we ask that they remain with that physician.

Physician Referring: _____

Office Contact: _____

Office Phone # _____

Office Fax # _____

Patient Full Name: _____

DOB: _____ SS# _____

Home Phone# _____

Cell# _____

Insurance Information:

Primary: _____

Secondary: _____

If Insurance is an HMO please fax referral to (423) 876-0232.

Reason / Diagnosis for Referral: _____

Physician Referring to: _____

Urgent*: _____ Non Urgent: _____

*Patient will be scheduled an appointment within 24 hours if the form is marked urgent.

Please fax this form along with the following to (423) 708-8907

- Patient Demographics and Copy of Insurance Card
- Most Recent Office Note
- All Current Medications
- Most Recent diagnostic reports
- Lab Results
- All Pathology Reports

***Please tell patient to arrive 20 minutes early to complete paper work or call us at (423) 267-6738 for a password to complete Online.**

If your patient needs any information, please feel free to have them call us at (423) 267-6738.

If you haven't heard from our staff within 24 hours of sending this information,
please contact our direct referral line at (423) 602-7000 or our manager at (423) 209-9100

For office use only

_____ The Patient has been contacted and given appointment.

_____ We were unable to reach the patient, please contact them and inform them of the appointment.

_____ Please have the patient call us to confirm appointment and we will set them up Online to complete paperwork prior to being seen.

Appointment Date: _____

Appointment Time: _____

Appointment Location: _____ 1724 Hamill Road, Ste. 102

_____ 1651 Gunbarrel Road, Ste. 101A

Appointment Scheduled With: Dr. _____