



Mark W Fugate, MD, FACS  
Amith Reddy, MD  
L. Richard Sprouse II, MD

Megan Fuller, ACNP-BC  
Candice Heuser, FNP-C  
Katy Weaver, FNP-C  
Samantha Williams, PA-C



# CHI Memorial

## Vascular Surgery Specialists

 **423-654-7670**  
 **423-654-7671**

**Please fax demographics, insurance cards, office note(s) and imaging with referral form to 423-654-7671.**

Referring provider \_\_\_\_\_ Contact name \_\_\_\_\_

Contact phone \_\_\_\_\_ Contact Fax \_\_\_\_\_

Patient's Name \_\_\_\_\_ | Female | Male

DOB \_\_\_\_\_ Patient's Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

Insurance Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Diagnosis \_\_\_\_\_

Preferred Provider: | Sprouse/Heuser | Fugate/Fuller | Reddy

*If you do not receive a fax back from us within 48-72 hours, please call our office at 423-654-7670 to ensure receipt of fax.*

*Our scheduler will fax a confirmation back to the referring contact above, after the patient is scheduled or if the patient is unable to be scheduled.*