

Fast Track Referral Form

Fax: 731-644-1892

Email: parisreferrals@wtbjc.com

Patient Information:

Patient Name: _____ Contact Phone Number: _____

Patient DOB: _____ Patient Address: _____

Insurance: _____ Policy #: _____

Referring Provider:

Provider Name: _____ Referring Clinic Name: _____

Provider Phone: _____ Contact Name: _____

Please provide your phone number or a designated email address if you wish to receive patient appointment information: _____

Do you wish to refer to a specific provider or location? _____

No preference on provider ☐

Urgent Appointment ☐ Next Available Appointment ☐

Referring Diagnosis: _____ Body Part: _____

Previous surgery to this body part? (if yes, please explain): _____

Please fax or email this form along with all demographic information, office notes and imaging reports. If patient has had any imaging please put those images on a disc for patient to bring with them to their appointment.



Locations Scheduled from our Paris Office:

Location	Address
Paris	1004 Cornerstone Drive Paris, TN 38242
Huntingdon	3493 Veterans Drive North Suite D. Huntingdon, TN 38344
Union City	1003 East Reelfoot Avenue #4 Union City, TN 38261

For a list of providers that treat patients at each location visit our website at
<https://www.wtbjc.com/locations/>

