

# Fast Track Referral Form

Fax: 731-410-2377

Email: referrals@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.



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## Locations Scheduled from our Jackson Office:

Location	Address
Jackson	50 Capital Avenue Jackson, TN 38305
Brownsville	71 Medical Center Drive Brownsville, TN 38012
Dyersburg	2035 St. John Ave. Suite 1 Dyersburg, TN 38024
Lexington	202 W. Church St. Lexington, TN 38351
Martin	123 Commons Dr. Suite 3 Martin, TN 38237
Savannah	1940 Pickwick Street Savannah, TN 38372
Selmer	270 E Court Ave. Selmer, TN 38375
Trenton	2017 S. College Street Trenton, TN 38382
Union City	1003 East Reelfoot Ave, #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/>



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