



Vista Radiology, PC  
 2001 Laurel Avenue, Ste N304  
 Knoxville, TN 37916  
 Office: 865-595-4100  
 Fax: 865-525-6811

**New Patient Referral Form**  
**Please Fax Completed Form to (865) 525-6811**

**Provider:**  Conrad  Emanuel  Hixson  Hoss  Phillips  Roesch  Wegryn  Woodward  
**Location:**  First Available  Ft. Sanders  Parkwest

**Referral Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_ **Insured Member:** \_\_\_\_\_  
**Member ID:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_ **Insured Member:** \_\_\_\_\_  
**Member ID:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Referring Provider:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please send the following documentation with referral request:**

- Patient demographic information including copies of insurance cards (front and back)
- All pertinent medical records and imaging reports
- If imaging was performed outside of a Covenant facility, patient **MUST** bring a disc
- If patient does not bring imaging disc, the appointment is subject to reschedule
- It is preferred that any imaging discs be sent with referral
- Discs can be mailed to the address above

**OFFICE USE ONLY:**

**Appointment Date & Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Scheduled By:** \_\_\_\_\_

***All new patients will receive a mailed new patient packet that must be completed and returned to the office at the time of their appointment.***