



# KOC APPOINTMENT REQUEST FAX SHEET

## 865-558-4415

\*If this is an acute injury, call the appointment desk @ 865-558-4400, option 1, and please hold for an operator to live assist. Thank you.\*

Referring Physician \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Referral Nurse (person of contact): \_\_\_\_\_

.....

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Insurance Type: \_\_\_\_\_

Home or Cell Phone: ( ) \_\_\_\_ - \_\_\_\_ Alt Phone: ( ) \_\_\_\_ - \_\_\_\_

Patient Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\*Must be written in words, not dx codes. Thank you.\*

Specialist Requested: \_\_\_\_\_ Location: \_\_\_\_\_

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\*For KOC Appointment Staff\*

Appointment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ am/pm

Physician: \_\_\_\_\_ Location: \_\_\_\_\_ \*pt aware\*