Fayette Surgical Associates
(√) requested physician
□ Nick N. Abedi, M.D.
□ Keith C. Menes, M.D.
□ Igor V. Voskresensky, M.D.

□ 1401 Harrodsburg Road, Suite C100, Lexington, KY 40504 □ 2350 Regency Road, Suite A, Lexington, KY 40503
□ Somerset location: 115 Trade Park Drive, Somerset, KY 42503

Referral Form

Date of referral: _____ Male □ Female □ Date of Birth: _____

Name: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____

Insurance: _____ ID/Group #: _____

Diagnosis/Complaint: _____

Referring Physician: _____ NPI #: _____

Address: _____ City, State, Zip: _____

Office Phone: _____ Office Fax: _____

PLEASE ATTACH THE FOLLOWING:
(WITHOUT THESE, THE APPOINTMENT WILL NOT BE SCHEDULED)

1. A legible copy of the patients' insurance card(s) front and back
2. Last office notes, medication list & recent tests/labs performed on the patient (MRIs, CTs, etc.)
3. If insurance requires a precertification or referral, please obtain and fax with this form

Appointment Date/Time: _____ Physician: _____

Comment: _____

REFERRING OFFICE: PLEASE CONTACT THE PATIENT WITH APPOINTMENT DATE/TIME.
FAX FORM TO: (859) 278-9914 or Email to appts@faysurglex.com
FSA: (859) 278-4960 – KOHSA: (859) 276-1966