Fayette Surgical Associates

(√) requested physician

- ☐ **Nick N. Abedi, M.D.**
- ☐ **Keith C. Menes, M.D.**
- ☐ **Igor V. Voskresensky, M.D.**
- ☐ **Junior Univers, M.D.**
- ☐ **Mark S. Iltis, D.O.**

Locations

(√) requested location

- ☐ **2433 Regency Road, Lexington, KY 40503**
- ☐ **2350 Regency Road, Ste A, Lexington, KY 40503**
- ☐ **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 #: _____ Email: _____

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. **PATIENT MUST BRING MOST RECENT CT SCAN DISK TO APPOINTMENT**
4. If insurance requires a precertification or referral, please obtain and fax with this form

Appointment Date/Time: _____ Physician: _____

Comment: _____

FAX FORM TO: (859) 278-9914 or Email to appts@faysurglex.com
Phone: (859) 278-4960