Fayette Surgical Associates	Locations
(√) 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.	(√) requested location □ 280 Pasadena Drive, Lexington, KY 40503 □ 2350 Regency Road, Ste A, Lexington, KY 40503 □ 115 Trade Park Drive, Somerset, KY 42503 □ 150 War Admiral, Danville, KY 40422 □ 1140 Lexington Road, Ste 102, Georgetown, KY 40324
	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:
 (WITHOUT THESE, THE A 1. A legible copy of the patients' ins 2. Last office notes, medication list of 3. PATIENT MUST BRING MOST 	ATTACH THE FOLLOWING: APPOINTMENT WILL NOT BE SCHEDULED) Surance card(s) front and back & recent tests/labs performed on the patient (MRIs, CTs, etc.) TRECENT CT SCAN DISK TO APPOINTMENT ation or referral, please obtain and fax with this form
Appointment Date/Time:	Physician:
Comment:	