



Referral Appointment Letter

Name: _____

DOB: _____

Date: _____

The process has been completed for your referral. Please note the following:

- ☐ This letter is for informational purposes only and is a courtesy copy for your records.
- ☐ We were unable to reach you after multiple attempts by phone in regards to your referral.

Please see your appointment information below:

- ☐ The doctor's office we have referred you to will call you for an appointment time after your file has been reviewed. We have provided all required documentation to their office for you.

Appointment Date: _____

Appointment Time: _____ AM/PM

Doctor/Office: _____

Office Address: _____

Office Number: _____

Please Note: If this appointment day or time is not convenient for you, please contact the doctor's office you are being referred to in order to reschedule your appointment.

Please bring with you to your appointment:

- ☐ ID & Insurance Card
- ☐ X-ray Images (pick up from Premier/Gateway)
- ☐ Other: _____

If you have any further question, please contact us at 931-906-2001

Thank you,

On-Site Employee Health and Wellness
350 Pageant Lane, Suite 307
Clarksville, TN 37040
931-906-2001