Wound Care Express Referral Form

CHRISTIANA CARE HEALTH SYSTEM

Wound Care & Hyperbaric Medicine Center

PLEASE FAX FORM TO: 302-762-3705

Date: _____

Referring Provider: _____

Name of Urgent Care: _____

Provider Phone: _____

Patient Information

Patient Name: _____

Patient Phone:_____

Primary Insurance: _____

Secondary Insurance:_____

Diagnosis: _____

Wound Location: _____

Comments: _____

_____

_____

_____

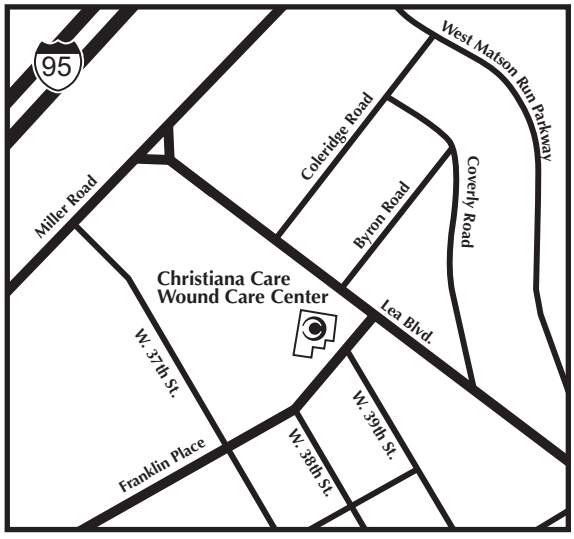
_____

Please fax : demographic sheet, a list of all medications, any labs, x-rays and H&P from today's visit.

Reason for Referral

Please check all that apply for wound care outpatient treatment:

- ❑ Ischemic ulcer
- ❑ Pressure ulcer
- ❑ Diabetic ulcer
- ❑ Venous ulcer
- ❑ Non-healing surgical wound
- ❑ Traumatic wound
- ❑ Wound flap
- ❑ Other



Christiana Care Wound Care & Hyperbaric Medicine Center

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Questions?

Contact Sharon Roark, Program Manager: 302-320-4529