



# DCH Wound Healing Center Patient Referral Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance: Contract#: \_\_\_\_\_

Group#: \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_

Reason for Referral

Wound Care Consult

Evaluate for Hyperbaric Oxygen Treatment (HBO)

Referring Physician s Name: \_\_\_\_\_

Office Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

Note: Please send patient demographics and insurance information along with H&P, labs, radiology reports and most recent office notes, including wound location, duration and current treatment.

## To Refer a Patient to the Wound Healing Center

1. Call Clinic to Schedule appointment: 205-5651 or 205-38463.
2. Fax Referral with Patient Information to the Clinic 205-5209
3. Can also leave message at 205-5430

Thank you for choosing The Wound Healing Center, located in the Phelps Outpatient Center on the campus of DCH Regional Medical Center University Blvd. Tuscaloosa, AL 35401. Our clinic hours are 8:00 a.m. until 4:30 p.m., Monday through Thursday; and 8:00 a.m. until 12:00 p.m. on Friday.