

Wound Care Express Referral Form



PLEASE FAX FORM TO: 302-762-3705

*Wound Care & Hyperbaric
Medicine Center*

700 Lea Boulevard, Suite 300

Wilmington, DE 19802

302-320-4050 Phone

302-762-3705 Fax

ChristianaCare.org/woundcenter

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:

- | | |
|---|---|
| <input type="checkbox"/> Ischemic ulcer | <input type="checkbox"/> Non-healing surgical wound |
| <input type="checkbox"/> Pressure ulcer | <input type="checkbox"/> Traumatic wound |
| <input type="checkbox"/> Diabetic ulcer | <input type="checkbox"/> Wound flap |
| <input type="checkbox"/> Venous ulcer | <input type="checkbox"/> Other |

Questions?

Contact the Center at 302-320-4050.