

Patient Name _____
 Date of Birth _____
 Phone Number _____
 Please Fill in or Affix a Patient Label

Healthcare Providers Referral /Wound Care Orders

Name _____ DOB _____

Wound to be evaluated and treated for:		ICD-10 Code
Wound Diagnosis (Primary)	Narrative	
Wound Diagnosis (Secondary)	Narrative	
Ostomy Services		ICD-10 Code
Diagnosis:	Narrative	

- Pre-op Education and Stoma Marking
- Ostomy evaluation, assessment, and treatment

Treatment may include as indicated:

- Compression therapy
- Offloading or support devices
- Labs
- Wound Cultures
- ABI per vascular lab
- Advanced wound therapy and dressings
- Sharp debridement
- Negative pressure wound therapy
- Other _____

Please include with this referral:
Demographic Sheet
History and Physical
Current Medication list
Any allergies
Recent office notes regarding this wound

Physician Signature _____ Date _____ Time _____

Physician Name (please print) _____

Send/Fax this form to the Wound Care Center at 828-262-9524. Please call the Wound Care Center at 828-262-9520 to schedule an appointment.

