



# Referral Form

## R3 WOUND CARE & HYPERBARICS

### REFERRING CLINIC INFORMATION

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

### PATIENT INFORMATION

Name (First Last): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance: \_\_\_\_\_

Reason/Diagnosis for Referral: \_\_\_\_\_

- |  |  |                               |
|--|--|-------------------------------|
| <input type="checkbox"/> Wound Care Management   | <input type="checkbox"/> Hyperbaric Evaluation                   | <input type="checkbox"/> Both |
| <input type="checkbox"/> Chronic, Refractory Osteomyelitis                                     | <input type="checkbox"/> Crush Injury                            |                               |
| <input type="checkbox"/> Compromised Flap/Graft  | <input type="checkbox"/> Diabetic Ulcer (Wagner 3 or 4)          |                               |
| <input type="checkbox"/> Radiation Damage to Skin/Soft Tissue (Including Cystitis & Proctitis) | <input type="checkbox"/> Acute Peripheral Arterial Insufficiency |                               |
| <input type="checkbox"/> Radiation Damage to Bone (Osteoradionecrosis)                         | <input type="checkbox"/> Lower Extremity Ulcer (Arterial/Venous) |                               |
| <input type="checkbox"/> Non-Healing Surgical Wound (30+ Days)                                 | <input type="checkbox"/> Brown Recluse Spider Bite               |                               |
| <input type="checkbox"/> Sensorineural Hearing Loss  | <input type="checkbox"/> Perianal Skin Complications (IBD)       |                               |
| <input type="checkbox"/> Burns (Second and Third Degree, 15-90% TBSA)                          | <input type="checkbox"/> Avascular Necrosis                      |                               |
| <input type="checkbox"/> Pre/Post Dental Surgery on Radiated Jaw (Marx Protocol)               | <input type="checkbox"/> Actinomycosis                           |                               |

#### Medical Notes:

\*Please attach all relevant medical notes and history including: patient demographics and insurance information, current history and physical, list of current medications, dressings, wound care etc., recent lab results, radiology reports, EKG, vascular studies, implantable devices.

### PLEASE SELECT THE LOCATION YOU WISH TO REFER TO

- |   |   |  |   |  |
|---|---|--|---|--|
| <input type="checkbox"/> <b>Arlington</b><br>4150 N Collins Street<br>Arlington, TX 76005<br>Phone: 817-765-9175              | <input type="checkbox"/> <b>Argyle</b><br>7230 Crawford Rd,<br>Argyle, TX 76226<br>Phone: 940-340-1036                            | <input type="checkbox"/> <b>Castle Hills</b><br>1720 FM 544, Suite 100<br>Lewisville, TX 75056<br>Phone: 726-202-0397          | <input type="checkbox"/> <b>Flower Mound</b><br>3101 Churchill Drive, Suite 100<br>Flower Mound, TX, 75022<br>Phone: 817-952-6089 | <input type="checkbox"/> <b>Frisco</b><br>9990 Dallas Pkwy<br>Suite 125<br>Frisco, TX 75033<br>Phone: 469-269-0669 |
| <input type="checkbox"/> <b>Kingwood</b><br>215 Kingwood Exec Drive<br>Suite 150<br>Kingwood, TX 77339<br>Phone: 346-291-6950 | <input type="checkbox"/> <b>Keller</b><br>4545 Heritage Trace<br>Parkway Suite 1500<br>Ft. Worth, TX 76244<br>Phone: 682-593-1231 | <input type="checkbox"/> <b>Stone Oak</b><br>18626 Hardy Oak Blvd<br>Suite 103<br>San Antonio, TX 78258<br>Phone: 726-202-0396 | <input type="checkbox"/> <b>Pearland</b><br>8540 Broadway Street<br>Suite 112<br>Pearland, TX 77584<br>Phone: 346-559-0084        |  |

