Referral Form

R3 WOUND CARE & HYPERBARICS

REFERRING CLINIC INFORMATION

Referring Physician:____________________ **Date:**__________

Practice Name:________________ **Office Phone:**______________

Physician Email:______________________________

PATIENT INFORMATION

Name (First Last):______________________________

Phone Number:________________ **Insurance:**________________

Reason/Diagnosis for Referral:__________________________

- ☐ Wound Care Management
- ☐ Hyperbaric Evaluation
- ☐ Both

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

☐ **Arlington**
4150 N Collins Street
Arlington, TX 76005
Phone: 817-765-9175
Fax: 817-612-3274

☐ **Argyle**
7230 Crawford Rd,
Argyle, TX 76226
Phone: 940-340-1036
Fax: (469) 217-3978

☐ **Castle Hills**
1720 FM 544, Suite 100
Lewisville, TX 75056
Phone: 726-202-0397
Fax: (469) 217-3978

☐ **Flower Mound**
3101 Churchill Drive, Suite 100
Flower Mound, TX, 75022
Phone: 817-952-6089
Fax: (940) 514-9020

☐ **Frisco**
9990 Dallas Pkwy
Suite 125
Frisco, TX 75033
Phone: 469-269-0669
Fax: (972) 947-5244

☐ **Kingwood**
215 Kingwood Exec Drive
Suite 150
Kingwood, TX 77339
Phone: 346-291-6950
Fax: (713) 224-7202

☐ **Keller**
4545 Heritage Trace
Parkway Suite 1500
Ft. Worth, TX 76244
Phone: 682-593-1231
Fax: (817) 541-7921

☐ **Stone Oak**
18626 Hardy Oak Blvd
Suite 103
San Antonio, TX 78258
Phone: 726-202-0396
Fax: (210) 582-5307

☐ **Pearland**
8540 Broadway Street
Suite 112
Pearland, TX 77584
Phone: 346-559-0084
Fax: (346) 202-0113

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