



GREATER LANSING

Wound Care and Hyperbaric Center
2727 S. Pennsylvania Avenue • Lansing, MI 48910
Phone: (517) 975-1500 • Fax: (517) 975-1514

It is easy to refer a patient to the Wound Center, just...

- 1** Complete this form
- 2** Fax it to (517) 975-1514 or call (517) 975-1500 with the information
- 3** The Wound Care Center will contact the patient and make an appointment for the patient to be seen
- 4** The referring physician will receive ongoing communication regarding the patient's progress and healing status

DATE OF REFERRAL: _____

Is this referral for Wound Care Treatment? Y [] N [] Or Hyperbaric Therapy? Y [] N [] Or Both? Y [] N []

Patient Information

NAME: _____ ADDRESS: _____
 PARENT/GUARDIAN: _____
 HOME PHONE #: _____
 WORK/CELL PHONE #: _____
 DATE OF BIRTH: _____ SOC. SEC. NO.: _____

Wound Information

DATE OF INJURY/WOUND: _____ WOUND TYPE: _____
 WOUND LOCATION: _____
 WOUND INFECTION KNOWN OR SUSPECTED: Y N MRSA: Y N VRE: Y N
 COMMENTS/SPECIAL NEEDS: _____

Physician Information

PRIMARY CARE PHYSICIAN
 NAME: _____ PHONE: _____ FAX: _____
 REFERRING PHYSICIAN
 NAME: _____ PHONE: _____ FAX: _____

Insurance Information

PRIMARY INSURANCE: _____ SECONDARY INSURANCE: _____
 ISSUED AUTHORIZATION #: _____ DATE ENDS: _____ AND/OR # VISITS: _____