Use Ball Point Pen Only

Wound Care Center – Randolph Health Outpatient Center
Referral Form

Date:_____ Patient DOB:_____

Patient First Name:_____ Last Name:_____
Patient Ph. Number:_____
Insurance: _____

Referring Provider Name: _____
Facility/Practice Name:_____
Office Ph. Number: _____ Office Fax Number:_____
Office Contact:_____
Primary Care Physician_____ **(If no PCP can schedule one visit with the understanding patient must obtain a PCP to continue treatment)**

Please check appropriate diagnosis below

□ Diabetic Ulcer	Location:_____	ICD-10: _____	CPT: _____
□ Surgical Wounds (incisions or fistula)	Location:_____	ICD-10: _____	CPT: _____
□ Venous Ulcer	Location:_____	ICD-10: _____	CPT: _____
□ Pressure Ulcer	Location:_____	ICD-10: _____	CPT: _____
□ Arterial Ulcers	Location:_____	ICD-10: _____	CPT: _____
□ Acute trauma related wounds:			
□ Burns	Location:_____	ICD-10: _____	CPT: _____
□ Blisters	Location:_____	ICD-10:_____	CPT: _____
□ Perineal Dermatitis	Location:_____	ICD-10:_____	CPT: _____
□ Lacerations	Location:_____	ICD-10:_____	CPT: _____

Please fax the items below to 336-633-7925

- Demographic Information and a copy of front and back of Insurance Card(s)
- History and Physical with current medication list
- Any recent lab test results
- Any test results specific to the wound

***Please note that an incomplete referral will delay scheduling.**
Wound Care Office Phone 336-328-HEAL (4325)