



CENTRAL MICHIGAN

Wound and Hyperbaric Center

4639 Pickard St. • Mt. Pleasant, MI 48858 • Phone: (989) 956-3118 • Fax: (989) 956-3119

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

- 1** Complete this form.
- 2** Fax it to **(989) 956-3119** or call **(989) 956-3118** with the information.
- 3** The Wound and Hyperbaric 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: _____

Patient Information: (please print)

Last Name:	First Name:	MI:
SSN:	DOB:	Sex: M/F
Home Phone #:	Work Phone #:	

Primary Diagnosis:
Secondary Diagnosis:
Insurance Plan:
Group #:
Authorization #:
Insurance Phone #:

Physician Information:

Physician Name:	Date:
<i>I certify that this patient is under my care and requires outpatient wound management services that are reasonable and necessary. I have written and/or reviewed the plan of treatment.</i>	
Physician Signature _____	
Phone #:	Fax #:

Services Requested:

_____ Comprehensive New Patient Evaluation
_____ Complex Wound Care (not to include routine post-operative management)
_____ Venous Stasis Management
_____ Transcutaneous Oximetry
_____ Other

Comments/Special Needs _____

