



# Lehigh Regional Medical Center

## Wound Care and Hyperbaric Medicine

### Referral Form

**For appointments, call (239) 368-4710**

Today's date: \_\_\_\_\_

Referring physician: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Patient's phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Location of wound: \_\_\_\_\_

Type of wound: \_\_\_\_\_

#### Referral Information – Check one:

- Evaluate and treat for wound care and hyperbaric medicine
- Evaluate and treat for wound care only
- Evaluate and treat for hyperbaric medicine only



#### Please fax the following documents:

- Face sheet / demographics
- H&P
- Recent progress note
- Medication list
- Labs

Name of the person completing this form: \_\_\_\_\_

Additional notes: \_\_\_\_\_

**Please fax this form and documents to (239) 368-4485**

Download this form at [www.lehighregional.com/our-services/wound-care-and-hyperbaric-medicine](http://www.lehighregional.com/our-services/wound-care-and-hyperbaric-medicine)

**Thank you for your referrals!**