

St. Joseph's Advanced Wound Healing Referral Form

Upon discharge, please utilize form to refer patients that need follow up wound care

Patient Name: _____

Phone: _____

Insurance: _____

PCP: _____

Referring Physician: _____

Reason for Referral: _____

Fax referral to 602.406.4377

Send demographics and insurance information.

Call clinic to make appointment: 602.406.4325

Outpatient Wound Healing

Dear _____

You physician has referred you to the Advanced Wound Healing & Hyperbaric Medicine Center for follow-up for wound care. The staff will call you to schedule an appointment or you may call them at 602.406.4325 to expedite your appointment.

Please bring the following information when you come to your appointment:

1. Your insurance information and a form of ID.
2. A list of your current medications
3. A copy of your advanced directives, if you have one.
4. A copy of your discharge instructions from the hospital.

The Center is located at 124 W. Thomas Rd, Suite 103 with patient parking and access off Merrell Street.

