

Hyperbaric Oxygen and Wound Healing Center

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: _____

Progress Notes: _____

Fax referral to **(805) 383-7462**. Send demographics and insurance information.

Call center to make appointment: **(805) 389-5944**

Outpatient Wound Healing

Dear patient,

Your physician has referred you to the Hyperbaric Oxygen and Wound Healing Center at St. John's Hospital Camarillo for follow-up for wound care. The staff will call you to schedule an appointment or you may call them at **(805) 389-5944** 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 2309 Antonio Avenue in Camarillo.