

Wound Healing and Hyperbaric Oxygen Center at Dignity Health Chandler Regional Medical Center

Referral Form

Patient Name: _____

DOB: _____

Phone: _____

Insurance: _____

PCP: _____

Referring Physician: _____

Reason for Referral: _____

Outpatient Wound Healing

Dear _____

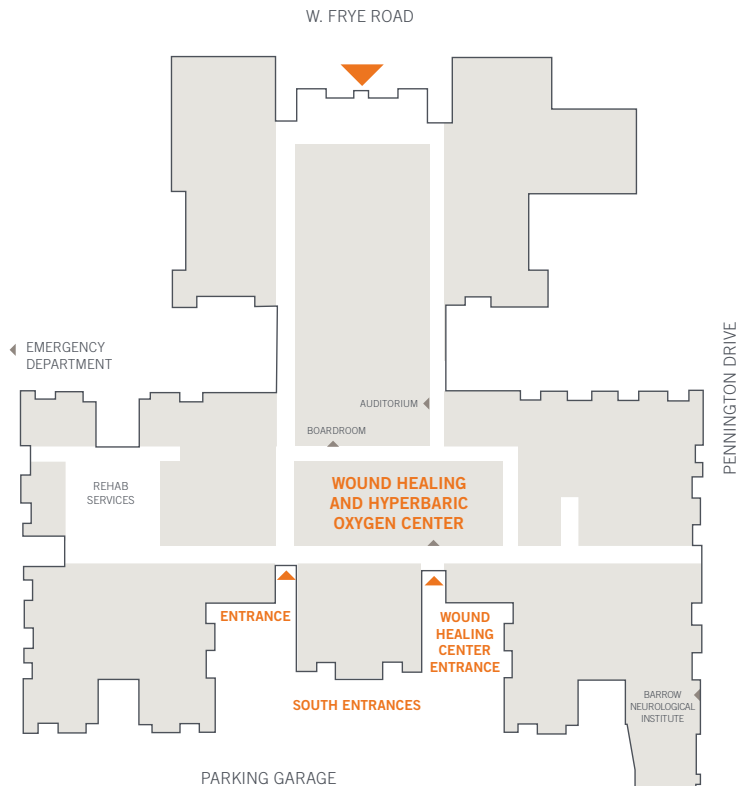
Your provider has referred you to the Chandler Wound Healing & Hyperbaric Oxygen Center for wound care. The center staff will call you to schedule an appointment.

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

1. Your insurance cards and a picture ID.
2. A list of your current medications.
3. A copy of your advanced directives, if you have one.

Chandler Wound Healing and Hyperbaric Oxygen Center (in Morrison Building, south side)

1875 West Frye Road
Chandler, AZ 85224



Fax referral to: **480.728.3702**

Please include demographic sheet, most recent H & P, medication list, location of wound, photo copy of insurance card, any labs and vascular studies related to wound, and most recent physician / operative notes.