CULLMAN REGIONAL

Hyperbaric and Wound Care Center
1912 AL Hwy 157
Professional Office Building 1
Cullman, Alabama 35058
Phone: 256-737-2980
Fax: 256-737-2983

FAX REFERRAL FORM

Date _____

Patient Name _____ DOB _____

Primary Physician _____

Referring Physician _____
Phone Number _____
Fax Number _____

Primary Insurance _____
Secondary Insurance _____

The following information is needed:

- H&P
- Progress Note
- Labs/Diagnostic and/or Vascular results
- Active Meds List
- Demographics

Insurance referral required? Yes *(include)* No

Does the patient have an open wound?

How many wounds total _____

Wound Location(s):
Right Leg
Left Leg
Right Foot
Left Foot
Coccyx/Sacrum
Other _____

For Office Use Only

Appt Date _____
App Time _____
Appt Made By _____