



CULLMAN
REGIONAL
Wound Healing 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?

Yes No

How many wounds total: _____

Wound Location(s):

Right Leg

Left Leg

Right Foot

Left Foot

Coccyx/ Sacrum

Other: _____

For Office Use Only

Appt Date: _____

Appt Time: _____

Appt Made By: _____