

Wound Care New Patient Referral Form



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Delivering health with care.®

**Center for Wound Care
and Hyperbaric Medicine**
950 Warren Avenue, Suite 103
East Providence, RI 02914
Phone: 401-606-4325

Vanderbilt Wound Care Program
Newport Hospital
20 Powel Avenue
Newport, RI 02840
401-845-3810

Please select the wound center to send the referral to:

- The Center for Wound Care & Hyperbaric Medicine, East Providence
- Vanderbilt Wound Care Center, Newport

PATIENT _____ DOB _____ / _____ / _____

REFERRING PHYSICIAN _____

DATE _____ ICD-10 CODE(S): _____

Please select the reason for your referral:

1. Comprehensive Wound Assessment for Evaluation of:

Wound type and location: _____

2. Hyperbaric Oxygen Therapy for Treatment of the following:

- Diabetic Wounds of Lower Extremities: Wagner Grade III, IV, V
- Chronic Refractory Osteomyelitis
- Soft Tissue Radionecrosis
- Osteoradionecrosis of the Mandible
- Compromised Flaps/Graft

Please fax the items below to 401-572-3964. Kindly take note that an incomplete referral will delay scheduling:

- Demographic Information
- History and physical with current medication list
- Most recent progress note(s)
- Any tests or lab work specific to the wound
- Referral Insurance Authorization Confirmation (if required by insurance/workers comp)