



Advanced Wound Center
 1500 N. Ritter Avenue
 Indianapolis, IN 46219
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1500 North Ritter Avenue
 Indianapolis, IN 46219
 Tel: 317-355-6700

Fax: 317-355-6720 (Secure Fax Line)

PATIENT REFERRAL FAX FORM

Physicians at the Advanced Wound Center at Community Hospital East treat chronic, non-healing wounds, diabetic ulcers, venous and arterial wounds, pressure ulcers, burns, radiation injuries, soft tissue infections, traumatic injuries, and acute wounds. Hyperbaric oxygen therapy (HBOT) is provided for compromised skin grafts & flaps, diabetic wounds of lower extremity, soft tissue radiation injury, osteomyelitis, acute peripheral arterial insufficiency and peripheral ischemia, and osteoradionecrosis.

Please fax this form and include any related medical history or testing that might be helpful in the treatment of your patient’s wound. Our Office Coordinator will call the patient directly to schedule an appointment. **The center only treats wounds, so your patient will continue to consult to you for routine medical care.** We will provide you with dictation and treatment and progress reports.

PATIENT NAME _____ **Open Wound (circle)? (Y / N)**

PATIENT HOME PHONE _____ Alternate _____

DOB _____/_____/_____ SSN _____-_____-_____

INSURANCE: Primary _____ Secondary _____

Does Patient Have DIABETES? ____ YES ____ NO

WOUND LOCATION/DESCRIPTION _____

REFERRED FOR: _____ Wound Evaluation and Treatment and/or HBO

_____ Other: _____

REFERRING PHYSICIAN’S NAME _____

CONTACT (RN, Referral Manager) _____

ADDRESS _____ CITY _____ ZIP _____

PHYSICIAN PHONE _____ FAX _____

Thank you for referring your patient to the Advanced Wound Center!