NMC health

PO Box 308 | Newton, KS 67114

NMC Health Patient Label

Wound Care Referral

In order to provide appropriate care, please fax the following to 316.804.6259 (please check)

- ☐ Facesheet/Current Insurance Information
- ☐ Recent Labs (CBC, CMP, HgA1C, albumin, prealbumin, ESR)
- ☐ Recent Cultures/Pathology
- ☐ Recent MRI/CT/XRays
- ☐ Recent Ultrasounds (Venous/Arterial)
- ☐ Recent H&P
- ☐ Recent Notes from Infectious Disease, Surgery, Cardiology, and Primary Doctor
- ☐ Operative Notes
- ☐ Current Medication List

Please do not fax photos of wounds as they do not come through the fax machine.

Patient Name: _____ **DOB:** _____

Location of Wound: _____

_____

Type(s) of Dressings Previously Used: _____

_____

_____

_____

_____

Referring Provider Signature **Date**

FOR OFFICE USE ONLY

Patient Scheduled:

Yes - Date/Time: _____

No - Reason: _____

Phone: 316.804.6160 **Fax: 316.804.6259**