



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