



# Comprehensive Wound & Vascular Center

## PATIENT REFERRAL

Thank you for your referral. Your patient will be contacted to schedule an appointment. If your patient has an urgent need, please have a physician call our Wound Care Physician directly.

Physician/Referral Source: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Specialty: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Office Contact: \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

Patient able to sign consent:  Y  N Diabetic:  Y  N  Ambulatory  Wheelchair  Stretcher

Patient Contact (if not patient): \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Additional pertinent patient information: \_\_\_\_\_

Patient's Primary Physician (if different from above): \_\_\_\_\_

- Please send the following:
- Patient demographics and insurance
  - Latest H&P and labs
  - Current medications and allergies
  - Current wound care

Our staff will contact you to schedule your appointment once we have received the necessary referral paperwork from your physician.

We are located at:  
 2817 Mayhill Road, Suite 230, Denton, Texas 76208  
 Phone: 1.855.220.0887 • Fax: 469.814.4153  
 We are located in the North Texas Professional Building on the North Texas Medical Plaza campus.

