MDH Infuse
INTEGRATED HEALTH AND WELLNESS

Wound Care Referral

700 Twin Creeks Crossing Loop,
Suite A
Central Point, OR 97502
Phone 541-500-0561

Patient Name _____

DOB _____

Phone _____

Email _____

Wound Information

- ☐ Diabetic Ulcer
- ☐ Post-Operative Wound
- ☐ Venous Ulcer
- ☐ Pressure Ulcer
- ☐ Neuropathic Ulcer
- ☐ Burn
- ☐ Other: _____

Location: _____
Approximate Size: _____
ICD-10 Code(s): _____

Physician/Healthcare Provider Authorization to evaluate and treat as medically necessary:

Printed Name _____

Signature _____

Date _____

Please fax completed referral form, patient demographics, insurance information, last clinical note, and medication/allergy list to 541-225-4874