Wound Care Referral Form

Big South Fork Medical
18797 Alberta Street, Oneida, TN 37841
Phone: (423) 286-5317| Fax: +1 (800) 323-9827
info@bsfmedical.com | www.bsfmedical.com

Patient Name:	D.O.B:	Telephone #:	
Address:	City:	State:	Zip:
Referring Physician:	Pediatrist (please circle) : Yes No		
Telephone #:	Fax #:		

Diagnosis:	☐ Arterial ☐ Diabetic Ulcers ☐ Ischemic Ulcers ☐ Neuropathic Ulcers ☐ Venous Insufficiency ☐ Traumatic Wounds ☐ Surgical Wounds ☐ Burns ☐ Vasculitis ☐ Radiation Wounds ☐ Other Chronic, Non-Healing Wounds

Please send the following if available to expedite care:

1. Past H&P
2. Current Labs and X-Rays
3. Insurance
4. Medication List
5. Face Sheet if Applicable

_____ _____

Physician Signature Date

Please fax to +1 (800) 323-9827