3903

LOMA LINDA UNIVERSITY MEDICAL CENTER
OP WOUND CARE REFERRAL FORM

Patient Name: _____ Today's date: _____ DOB: _____
Current Address: _____ Zip Code: _____
Primary Phone #: _____ Secondary Phone #: _____
Is this patient able to ambulate independently? ☐ Yes ☐ No
Is English the patient's primary language? ☐ Yes ☐ No If no, what is the primary language: _____

Please FAX this form to LLUMC OP WOUND CARE at 909-558-3023
LLUMC op wound care Telephone # 909-558-3022
Address: 11285 Mountain View Avenue, Suite 40 Loma Linda, California 92354

Health Insurance Information
Please attach a copy of Insurance and patient demographic sheet

Primary Insurance:_____ Subscriber: _____ Sub ID: _____
Secondary Insurance:_____ Subscriber _____ Sub ID: _____

Visit Type
☐ Initial Visit/New Patient Consult Code 99202-99205 ☐ Establish Patient/Follow Up Codes 99211-99215

Wound Diagnosis
Not accepting Hidradenitis, Burn Wounds, Head & Neck Wounds, or Pediatric patients < 18 years of age.

Wound Diagnosis: _____
Wound Type (*Check all that apply*):
☐ Sacral Pressure Open Wound greater than or equal to Stage 3
☐ Hip Pressure Open Wound greater than or equal to Stage 3
☐ Other Pressure Wounds greater than or equal to Stage 3
☐ Colostomy ☐ Ileostomy ☐ Enterocutaneous Fistula
☐ Lower Extremity Venous Wound
☐ Peripheral Vascular Disease Lower Extremity Wound
☐ Diabetic Foot Wound Wagner Grade greater than or equal to 1
☐ Post Surgical Wound
☐ Other (Please Specify):
Wound Location(s): _____
Number of Wound(s): _____ Visibility of muscle or bone? ☐ Yes ☐ No
Special Notice to Providers: _____

Referring Provider information
Physician/Practitioner Name (print): _____
Physician/Practitioner Signature: _____
State Provider's Office Number: _____ State Provider's Fax Number: _____

History & physical or clinical documentation that includes the following information (if available):

1. Previous treatments that have been tried.
2. Pertinent diagnostic labs/ most recent HgA1C, imaging, radiation history, surgical notes, chest X-ray/ CT, EKG and treatment notes. Please attach most recent photo of wound.

Services will be promptly initiated when all required information obtained by LLUMC OP Wound Care Department. Thank you!

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PATIENT IDENTIFICATION