

Sutter Roseville Medical Center
Wound Care Clinic Referral Form
One Medical Plaza, Roseville, CA 95661
Phone: (916) 781-1386 Fax: (916) 781-1118

Patient: _____ **Phone Number:** _____ **Date of Birth:** _____

Diagnosis: _____ **ICD.9:** _____ **Onset:** _____ **Insurance:** _____

Referral for Physical Therapy Evaluation and Treatment including:

Sharp Debridement of Non-Viable Tissue and Application of Topical Hydrogel to Wound Bed PRN.

Additional Topical Medications:

We will need the following information faxed to (916) 781-1118 along with this referral form.

1. Patient insurance information (primary and secondary)
2. H & P
3. List of current medications and dosages
4. Labs, x-rays, scans or other relevant reports for wound care
5. Inpatient Wound Care treatment notes

Is patient receiving Home Health or resident in a Skilled Nursing Facility? Yes / No

If yes, agency or facility:

Please check for Negative Pressure Therapy Referral

- Negative Pressure Therapy (125 mmhg continuous therapy) every other day, then decrease frequency to three times per week when appropriate.

Special Instructions/ Precautions: _____

Primary Care Physician Name: _____ **Date:** _____

Referring Physician's Name: _____ **Phone Number:** _____

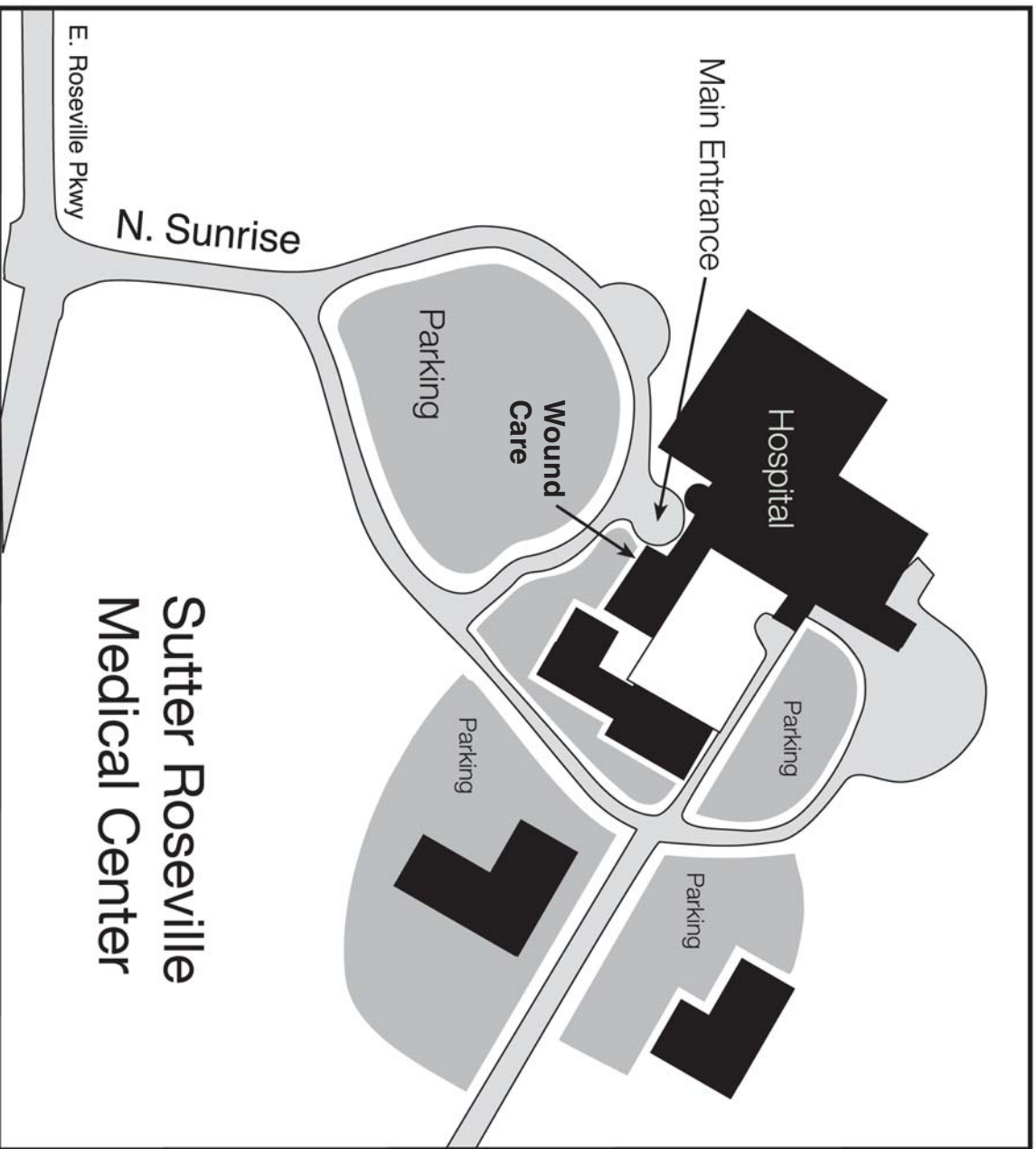
Physician's Signature: _____ **Fax Number:** _____



*Sutter Roseville
Medical Center*
A Sutter Health Affiliate

Community Based, Not For Profit

Wound Care Clinic



**Sutter Roseville
Medical Center**

sutterroseville.org

10/22/08
R006 / 50-7870-D1 448
210

File Specification Information

Document Size	Gripper / Lock-Up	Slub	Imprint
11 X 8.5	All	N	N
Punch	Numbering	Binding	Registering Pys
N	N	UNK	N
Screens	Backer(s) and Percentage		
Y on backer	HR, FV		
Color(s)	Black		
File Information / Master Page			
Other			