



## REFERRING PHYSICIAN ORDER

DOWNTOWN BOISE CLINIC       MERIDIAN CLINIC



WOUND CARE       HYPERBARIC TREATMENT  
 LYMPHEDEMA THERAPY       PHYSICAL THERAPY (*Wound care*)

Patient Name \_\_\_\_\_

Diagnosis / ICD-9 \_\_\_\_\_

Referring Physician (*printed*) \_\_\_\_\_

Referring Physician Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

*I'll ask my staff to fax the records listed below to the Center for Wound Healing and Hyperbaric Medicine. This will insure an expeditious and efficient referral.*

Referring Physician (*signature*) \_\_\_\_\_

**IN ORDER TO BEST EVALUATE YOUR PATIENT, PLEASE FAX THE FOLLOWING INFORMATION  
BOISE 208.489.4060 \* MERIDIAN 208.489.4065**

- Patient Demographic Sheet with Insurance Information
- History and Physical
- Recent Progress Notes
- Recent Labs
- X-Rays
- Current List of Medications
- Healthy Connection Referral Form (*if applicable*)

*Thank you for your referral to our clinic. Please contact us at 208.489.5800 if you have any questions. We look forward to collaborating with you on a successful wound treatment plan for your patient.*

[WWW.WOUNDANDHYPERBARIC.ORG](http://WWW.WOUNDANDHYPERBARIC.ORG)