



Wound Center & Hyperbarics

(Please check desired location and fax to appropriate location)

_____TUPELO:

830 S. Gloster St., Fourth Floor | East Tower | Suite E

Phone: (662) 377-2395 | Fax: (662) 377-2397

Provider Preference (please check):

___Dr. Dwight McComb

___Dr. Jarred Sartain

___Richard Comer, NP

___April McCain, NP

___Next Available

_____AMORY:

1127 Earl Frye Blvd.

Phone: (662) 256-5555 | Fax: (662) 305-8655

Provider Preference (please check):

___Dr. Dwight McComb

___Dr. Jarred Sartain

___April McCain, NP

___Next Available

Patient Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Referring Provider: _____

Primary Insurance: _____ ID# _____

Secondary Insurance: _____ ID# _____

Please include copy of insurance card(s), physician notes, HPI, etc.

Please circle reason for referral:

Foot Ulcer

Pressure Ulcer

Venous Stasis Ulcer

Arterial Ulcer

Burn (First Degree / Second Degree)

Was a Burn Center referral made or consulted? Y / N

Trauma Wound

Critical Limb Ischemia

Failed Flap/Graft

Non-Healing Wound

Soft Tissue Radionecrosis

Cystitis/Proctitis

Osteoradionecrosis

Other: _____

Wound Location: _____