



GLENDALE ADVENTIST WOUND CARE MANAGEMENT CENTER
PHONE: (818) 409-6652 FAX: (818) 956-2947

REFERRAL FORM

INSTRUCTIONS

Step #1 – *Fill out the following Wound Care Referral Form as completely as possible.*

- The referring doctor's name and the name of the person filling out this form must be provided.

Step #2 – *Fax this Referral Form to the Wound Care Management Center at (818) 956-2947*

- The Wound Care Center will contact the patient to schedule an appointment.

PATIENT INFORMATION

Name _____

Guardian / Caregiver _____

Home Phone _____ Cell / Work Phone _____

Date of Birth _____

WOUND INFORMATION

Wound Type _____

Wound Location _____

Wound Infection Known or Suspected: Y / N MRSA: Y / N VRE: Y / N

Comments / Special Needs: _____

PHYSICIAN INFORMATION

Physician Name _____

MD Phone _____ MD Fax _____

Person filling out this form _____

INSURANCE INFORMATION

Primary Insurance _____ Secondary Insurance _____

Authorization# _____ End Date _____

Glendale Adventist Medical Center

