MEMORIAL HEALTH
WOUND CARE

Memorial Health Wound Care
2716 W Gore Blvd
Lawton, OK 73505
580.357.3280

Referral Form

Please fax completed form to 580.357.3949

Date:_____

Referring physician:_____ PCP:_____

Phone:_____ Fax:_____

Patient Information: *Attach face sheet*

Name:_____ DOB:_____

Primary Phone:_____ Receive Text: Y/N

Alternative Contact Name:_____ Primary Phone:_____

DPOA:_____ Phone:_____

Primary Insurance:_____ Secondary Insurance:_____

Email Address:_____

Wound Information: *Attach recent progress note*

Wound Location:_____ Number of wounds:_____

Wound Duration:_____ Diabetes: ❑Yes ❑No

Wound Vac: ❑Yes ❑No

Home Health:_____

Is the patient ambulatory? ❑Yes ❑No Will a Hoyer be needed? ❑Yes ❑No

**** Hoyer patients will need to be accompanied by someone that can assist with the transfer.*

Additional Comments: _____

_____

_____

_____

Signature:_____