(901) 685-3490
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THRELKELD, THRELKELD and OMER
INFECTIOUS DISEASE AND WOUND MANAGEMENT

6029 Walnut Grove
Suite C002
Memphis, TN 38120

Wound Care Specialist Referral Request

☐ Urgent
☐ Routine

PATIENT INFO:

Patient Name: _____

Date of Birth: _____/_____/_____

Patient Address: _____

_____

Preferred Phone #: _____

Insurance Carrier: _____

ID #: _____ Group #: _____

SPECIAL NEEDS:

☐ Hearing Impaired
☐ Vision Impaired
☐ Home Health
☐ Language Limitations
_____
☐ Physical Limitations
_____
☐ Other
_____

REASON FOR REFERRAL:

☐ Chronic & nonhealing wounds
☐ Diabetic foot ulcers
☐ Venous insufficiency ulcers
☐ Venous stasis dermatitis
☐ Furuncles/Carbuncles
☐ Abscesses
☐ Arterial Ulcers
☐ Surgical site infections
☐ Surgical wound dehiscence
☐ Hematoma incision/drainage
☐ Punch biopsies
☐ Wound debridement
☐ Multi-layer compressions

TYPE OF REFERRAL:

☐ Evaluate & Treat
☐ Consult Only

PLEASE INCLUDE:

☐ Patient Demographics
☐ Insurance Card(s)
☐ Medication List
☐ Therapy Order
☐ Office Notes
☐ Most Recent Labs
☐ Wound Cultures
☐ Dx Reports

PHYSICIAN INFO:

Name: _____ Phone: (____)____-_____ Fax: (____)____-_____

Signature: _____ Date: _____

Has patient been seen by a wound care specialist or vascular surgeon before? If so, who? _____

Please fax referral to (901) 685-3499