RESTORATIVE
MOBILE WOUND CARE

Fax form to: 580-319-7812
Texas 903-213-9047

Carter County Wound Care

New Patient Referral Form

Date | **Referring Facility and Provider**

Facility Phone Number | **Facility Fax Number**

Patient Information

First Name | **M.I.** | **Last Name**

Address

City | **State** | **ZIP Code**

DOB

Insurance Carrier | **Insurance ID Number**

Evaluation/Treatment

Patient's Phone Number | **Reason for Referral: Circle One**

Diagnosis Code(s) | **Diagnosis Description**

Please include relevant information with referral form, such as demographics page, any imaging, copy of insurance cards, copy of photo ID, active problem list, and any documentation pertaining to current wounds.

1420 12th Ave NW
Ardmore OK, 73401
105 FM 911 S
Avery, TX 75554

Ph: 580-798-4122 Fax: 580-319-7812
Ph 903-215-8039 Fax 903-213-9047

charlee@restorativemwc.com
servin@restorativemwc.com