



ANTELOPE VALLEY  
HOSPITAL

A facility of Antelope Valley Healthcare District

# COMPREHENSIVE WOUND HEALING AND HYPERBARIC MEDICINE CENTER

44151 15TH ST WEST, SUITE 211

LANCASTER CA 93534

PHONE: (661)949-5522 FAX: (661)949-5563

Date: \_\_\_\_\_

## NEW PATIENT REFERRAL / CONSULT REQUEST

Patient Name: \_\_\_\_\_ Sex: M F

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID: \_\_\_\_\_

If authorization was needed please provide authorization number: # \_\_\_\_\_ CPT: \_\_\_\_\_

### WOUND INFORMATION

Type of Wound(Please Circle):

Arterial      Diabetic      Surgical      Venous      Pressure      Other:

Location of Wound(s): \_\_\_\_\_

Does patient require Hyperbaric Oxygen Therapy Consult? YES NO

Referring Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Contact: \_\_\_\_\_

Additional Information:

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Please attach this form along with any additional information pertaining to wound and fax to **(661)949-5563**:

Face Sheet      H&P      Medication List      Insurance Card      Recent Labs/Tests

Thank you for trusting us to care for your patient😊