



St. Mary's Center for Wound Healing

4017 Atlanta Highway | Athens, GA 30606

Phone – 706-389-3065 | Fax – 706-559-4781

TREATMENT REFERRAL FORM

_____ Wound Care

_____ Hyperbaric Oxygen Therapy

Patient Name: _____

Date of Birth: _____ Phone #: _____

Referring Physician: _____

Insurance: _____

(please fax copy of card/information to:706-559-4781)

Please evaluate above patient for Wound Care/Hyperbaric Oxygen Therapy for the following indication:

_____ Diabetes/Foot ulcer

_____ Necrotizing soft tissue infections

_____ Failure of skin graft/flap

_____ Compromised wound ; ischemic

_____ Osteomyelitis, chronic

_____ Radiation tissue damage/soft tissue radionecrosis

_____ Crush/compartment syndrome

_____ Osteoradionecrosis

_____ Other : _____

Referring Physician: _____

Physician Signature : _____ Date and Time: _____

Thank you for allowing us to participate in the care of your patient.

Rachel Hamil, M.D. | William Dix, M.D.