



St. Mary's Center for Wound  
Healing  
4017 Atlanta Hwy  
Ste A  
Athens, GA 30606  
P: 706.389.3065  
F: 706.559.4781

Sacred Heart Center for  
Wound Healing  
355 Clear Creek Parkway  
Ste 1008  
Lavonia, GA 30553  
P: 706.389.3065  
F: 706.559.4781

## Referral form

Please return completed form via fax and include test results, patient notes, and any additional demographics.

Date \_\_\_\_\_

**Referring physician** \_\_\_\_\_

Referring practice \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Physician' email \_\_\_\_\_

### PATIENT INFORMATION

Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary insurance \_\_\_\_\_

Secondary insurance \_\_\_\_\_

### REFERRAL INFORMATION

Wound type/etiology (ie. venous, DFU) \_\_\_\_\_

How many wounds \_\_\_\_\_

Wound location \_\_\_\_\_

Wound duration \_\_\_\_\_

Diabetes Y/N Other \_\_\_\_\_

### ADDITIONAL COMMENTS

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Signature \_\_\_\_\_

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