



WOUND HEALING AND HYPERBARIC MEDICINE CENTER

KETTERING HEALTH NETWORK™

4881 Sugar Maple Drive, Building, 830
Wright-Patterson, OH 45433-5546
Phone: 937-257-8600 Fax: 937-257-8602
www.ketteringwound.org

PATIENT REFERRAL

Date: _____
Patient: _____
Phone: _____ DOB: _____
Referring Diagnosis: _____
Location of Wound: _____
Request: <input type="checkbox"/> Wound Care <input type="checkbox"/> HBO Consult

Referring Physician: _____

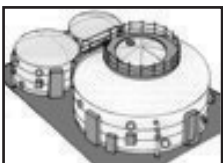
Office Phone: _____ Office Fax: _____

Physician Signature: _____

Please fax this form and any pertinent patient notes, results of imaging test, etc., to 937-257-8602.

Upon receipt of this request and supporting documentation, we will contact your patient to establish an appointment date and time.

Thank you for your consult. We look forward to assisting with your patient needs.



*Ohio's only Wound Healing and Hyperbaric Medicine facility
accredited with distinction by the Undersea and Hyperbaric
Medical Society (UHMS). Accredited since 2005.*