



WOUND RECOVERY CENTER AT KENT HOSPITAL

Wound & Ostomy Care • Hyperbaric Medicine

455 Toll Gate Road

Warwick, RI 02886

Telephone (401) 736-4646

Fax (401) 736-4248

Patient Referral

Referring Physician:

(Name, Addr, Phone, Fax)

To: Wound Recovery Center

Fax to: (401) 736-4248

Date_____ Patient Name_____ Male Female

Referred for: Wound Care Ostomy Care Hyperbaric Evaluation

Referring diagnosis_____

Comments:_____

Pt. Phone_____ Best time to contact ____ am/pm Soc. Sec. #_____

DOB _____ Power of Attorney?_____

Precautions: MRSA VRE OTHER_____ Is patient ambulatory? Y N

Please include the following documentation for consultation:

- Current history & physical
- List of current medications
- Recent lab work
- Insurance information
- Other physicians to contact for medical history (if any)

Referring Physician Signature:_____ Date:_____

Thank you for your referral.