



The Wound Care & Hyperbaric Center  
140 Lincoln Avenue  
Haverhill, MA 01830

## Express Referral Form

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

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Specialty: \_\_\_\_\_

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### Patient Information

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

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

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

Patient Mobility:

- Ambulatory
- Wheelchair
- Stretcher
- Ambulatory with Device

Reason for Referral:

- Wound Care Eval & Treat
- Wound Care Eval & Treat and Hyperbaric Eval
- Hyperbaric Eval & Treat
- Transcutaneous Oximetry Assessment

**You may fax or email the information to:**

*The Wound Care Center at Merrimack Valley Hospital*

*Edith Ashley, Office Coordinator*

Fax: (978) 420-1410

Email: [WoundCareCenter@merrimackvalleyhospital.com](mailto:WoundCareCenter@merrimackvalleyhospital.com)