# B & B Complete Wound & Wellness

WOUND & OSTOMY CARE | PATIENT REFERRAL

## PATIENT INFORMATION

Patient full name

Date of birth

Phone

Street address / city / ZIP

Insurance / member ID

## REFERRAL REQUEST

- [ ] Wound care
- [ ] Ostomy care
- [ ] Diabetic foot care
- [ ] Other

Reason for referral / diagnosis

Wound location / ostomy type / relevant details

- [ ] In-office evaluation
- [ ] Mobile visit (if eligible)
- [ ] Facility-based care

## REFERRING PROVIDER / FACILITY

Referring clinician / provider

Facility / agency

Phone

Fax

Referral date

## DOCUMENTATION CHECKLIST

- [ ] Face sheet / demographics
- [ ] Recent clinical notes
- [ ] Medication list
- [ ] Insurance card
- [ ] Available wound photos
- [ ] Relevant labs / imaging

Additional notes:

PHONE: 470-684-1340 | FAX: 706-666-1418

ALTERNATE FAX: 815-824-6470

*Please transmit patient information only through approved secure channels.*

Referral requests are subject to clinical review, service availability, and insurance verification.