



Portneuf Wound Care & Hyperbaric
Center
777 Hospital Way
Suite G-1
Pocatello, ID 83201
P: 208-239-2670
F: 208-239-3779
www.portmed.org

Referral form

Please return completed form via fax

Date _____

Referring physician _____

Referring practice _____

Phone _____

Fax _____

Physician's e-mail _____

Patient information

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

Signature _____

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