McLaren FLINT

Wound Care and Hyperbaric Oxygen
Phone (810)342-5500 • Fax (810)342-5545
G-3200 Beecher Road • Suite O2 • Flint, MI 48532

Referral Date: _____

Referring Provider: _____

Referring Office Phone: _____

Referring Office Fax: _____

Patient Name_____ DOB_____ Phone _____

	Primary Insurance	Secondary Insurance
Payer		
Name of Insured		
Policy #		
Group #		

Demographics do not need to be filled in if you are including demographics

1. Wound Location: _____ Duration: _____
2. Is the wound a worker's compensation claim? ❑ Yes ❑ No
3. Is the wound the result of an auto accident? ❑ Yes ❑ No If yes, date of accident_____

Service Requested: ❑ Hyperbaric Oxygen Therapy

Diagnosis: _____

Please attach the following documents (if available):

1. Most recent office visit note
2. Current medication list
3. Imaging reports (*preferred but not required*): MRI, CT, Xray, etc