

Wound Care & Hyperbarics

Fax this completed form to: **Pinehurst** (910) 715-5902 **Raeford** (910) 878-6755 **Rockingham** (910) 417-3573

Patient Name _____

Birth Date (MM/DD/YYYY) _____ Sex _____

Address _____ City, State, ZIP _____

Home Phone _____ Work Phone _____

PATIENT MEDICAL INFORMATION *(check all that apply)*

Diabetic Ambulatory Trach Oxygen *(If yes, have patient bring O2)*

Alert & Oriented Nursing Home Patient Wound VAC

Duration of Wound: 30-90 days 3-6 months 6-12 months > 1 year

Recent Test Dates: X-Ray _____ Labs _____ Cultures _____

PROVIDER INFORMATION

Referring Provider _____

Specialty _____ NPI _____

Address _____ City, State, ZIP _____

Work Phone _____ Work Fax _____

Primary Care Provider _____

INSURANCE INFORMATION

Type of Insurance _____ Authorization # _____
(if Medicaid, Tricare or VA, must show authorization #)

1st Insurance _____ Group # _____

Subscriber Name _____ Birth Date (MM/DD/YYYY) _____

2nd Insurance _____ Group # _____

FirstHealth

WOUND CARE & HYPERBARICS

FirstHealth Specialty Centers Building • 35 Memorial Drive • Pinehurst, NC 28374 • (910) 715-5901
Moore Regional Hospital - Hoke Outpatient • 6322 Fayetteville Road • Raeford, NC 28376 • (910) 878-6750
Moore Regional Hospital - Richmond Outpatient • 925 Long Drive • Rockingham, NC 28379 • (910) 417-3636

www.firsthealth.org/wound