



Wound and Hyperbaric Center

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Referral Form

Name: _____ DOB: _____

Address: _____

Telephone: _____ Telephone: _____

Insurance: _____

Referring Provider: _____

Referring Provider Telephone: _____

Diagnosis:

- Diabetic Wound of Lower Extremity
- Cellulitis/Abscess
- Pressure Ulcer
- Non-healing Surgical Wound
- Compromised graft-skin/graft-flap
- Venous Stasis with Ulcer
- Osteomyelitis
- Open Wound Lower Extremity
- Open Wound
- HBO
- Other: _____

- ❖ Nursing Home Referrals- Is the patient able to:
 - Ambulate (If not do they come by stretcher or wheelchair)
 - Sign Consent

- ❖ Transportation- City Bus, Cab, HRDC, EMT, Altrans, Van