



UPMC Western Maryland
Wound and Hyperbaric Center

12500 Willowbrook Road
Cumberland, MD 21502
T 240-964-8711
F 240-964-8716

**UPMC Western Maryland
Wound & Hyperbaric Center
Referral Form
Phone: 240-964-8711
Fax: 240-964-8716**

Name: _____ DOB: _____

Address: _____

Telephone: _____ Alt Telephone: _____

Insurance: _____

Referring Provider: _____ Patient Aware of Appt: Y / N

Reason for Referral: _____

Durations of Wound: _____

Previous Patient Here: Y / N

Is Patient Diabetic: Y / N

Currently on Antibiotics: Y / N

Patient: Ambulatory/ Wheelchair/ Stretcher

Date Referral Received:

Date Appt. Scheduled:

Is Auth or Referral Required: Y / N

Date Auth/Referral Received: _____

Attempts Made to Schedule:

Date: _____ Callers Intials: _____

Date: _____ Callers Intials: _____

Date: _____ Callers Intials: _____

Comments/Notes: _____

- Nursing Home Referrals: Please have POA available if patient is unable to sign consent
- All offices please send current medication list, most recent office note, and any testing reports (i.e. cultures, X-rays, etc.)