



REFERRAL FORM

Tri-Tech Phone: 888-675-3385 or 954-634-6400
FAX TO: 954-634-6444

PATIENT NAME _____ EMAIL TO: ngonzalez@tritechhealth.com

Patient Address: _____ City _____ Zip _____

Patient ID#: _____ DOB: _____

Date: _____ Contact number: _____ Alt. Contact Number _____

Primary Physician: _____ Phone: _____ Fax: _____

Admitting Diagnosis: _____

Wound Type:

Pressure ulcer – **Please circle** STAGE: I, II, III, IV, N, Suspected Deep Tissue Injury ...

Venous Leg ulcer Leg ulcer (other) Surgical site Diabetic Foot Ulcer

Trauma ... Other (please specify) _____

LOCATION AND SIZE OF WOUND(S):

Current wound treatment:

Other Information

Investigations ordered: Duplex Scan CT/MRI Scan Wound cultures ABI

... Toe Pressures

Tcp02 X-ray

Referral written by: _____