



Surgical Wound Care
— ASSOCIATES —

1. Please fax referral to 8336132658
2. Email intake@welscare.com to confirm referral was received.
3. Call 520-497-5080 with any **referral** questions.

Incoming Referral

Referring Provider: _____

Fax Number: _____

Patient Name: _____ Gender: _____

DOB: ____ - ____ - ____ SSN: ____ - ____ - ____ Phone ____ - ____ - ____

Primary Care Provider: _____ Fax: _____

Address: _____ City: _____ Zip: _____

Wound Location: _____

Best Approximate Onset of Wound: _____

Wound Diagnosis: _____

Insurance: _____

Home Health Agency: _____ Fax: _____

Please include:

- Demographic sheet with insurance information
- Medical history
- Medication list
- Most recent history and physical
- Any pertinent vascular studies (ABI, vein reflux etc.)

Additional Notes: _____

Once referral is accepted, please direct further communication to our Tucson, AZ office.

SWCA-AZ
Phone (520) 497-5080
Fax (520) 771-6870

Current office locations: Tucson, AZ

SWCA-AZ is a proud participant in **WELS CARE**
Wound Excellence and Limb Salvage