Ahadi Health Wound Care

WOUND CARE REFERRAL FORM

Available anytime at **ahadihealth.com/forms**. Please fax the completed form to **816-280-2143**. Questions: **913-208-6464**. Please do not send protected health information (PHI) by email; contact us to request a secure, encrypted email option if preferred.

How to Refer

1. Obtain an order for Ahadi Health Wound Care (AHWC) to evaluate and treat. 2. Fill out this form. 3. Fax both the order and this form to 816-280-2143.

Referring Facility / Practice

Facility / Practice Name

Referring Provider Name

Contact Name & Role

Phone

Fax

Address

Patient Information

Patient Name

Date of Birth

Address

Phone

Gender

Wound Information

Wound Location(s)

Wound Type

Current Tx

Relevant Comorbidities

Insurance Information

Primary Insurance

Member ID

Group Number

Secondary Insurance (if any)

Additional Notes