



**QUINCY VALLEY**  
**MEDICAL CENTER**

Quincy Valley Medical Center | Quincy Valley Family Clinic

## Wound Care Referral

Please fax referral form with patient face sheet, insurance information, and recent office visit notes to (509) 787-1361

When possible, referrals should be placed by the patient's PCP, per our policy. Referring providers are asked to review cultures and prescribe antibiotics accordingly.

Referring Provider: \_\_\_\_\_

Referring Phone: \_\_\_\_\_

Referring Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Location of Wound: \_\_\_\_\_

Duration of Wound: \_\_\_\_\_

Size of Wound: \_\_\_\_\_

Diabetic Foot Wound (Y/N): \_\_\_\_\_

Venous Insufficiency (Y/N): \_\_\_\_\_

Urgency (circle which applies):

ASAP      Within a couple of days      Within a week      Within a month

Quincy Valley Medical Center | SageView Family Care Clinic | Wound Care Referral

908 10<sup>th</sup> Avenue SW, Quincy, WA 98848 | Phone (509) 787-3503 | Fax (509) 787-4865