



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 10th Avenue SW, Quincy, WA 98848 | Phone (509) 787-3503 | Fax (509) 787-1361