



KETTERING HEALTH NETWORKSM

Kettering Medical Center • Sycamore Medical Center • Wright-Patterson AFB

Phone: 937-384-8772 Fax: 937-384-4853

www.ketteringwound.org

Date: _____

Patient: _____

Phone: _____ DOB: _____

Referring Diagnosis: _____

Location of Wound: _____

Request: Wound Care HBO Consult

Requested Physician: _____

Office Phone: _____ Office Fax: _____

Referring Physician Name: _____

Please fax this form and any pertinent patient notes, results of imaging test, etc., to 937-384-4853.

Upon receipt of this request and supporting documentation, we will contact your patient to establish an appointment date and time.

Thank you for your consult. We look forward to assisting with your patient needs.