

Specialty Wounds

Advanced In-Home Wound Care
NYC | Long Island | Westchester
Medicare Accepted

FAX A REFERRAL:
(718) 475-3676

Tel: (516) 919-4231



When a wound becomes too complex for routine care, that is where we come in. We work alongside your team. Our certified wound specialists (NP and MD) step in when wounds need advanced therapies and treatments that go beyond what a standard nursing visit can offer. Keep your patients home, healing, and out of the hospital. Covered under Medicare Part B — no cost to refer.

PATIENT INFORMATION

Last Name	First Name	Date of Birth
<hr/>		
Phone Number	Address	
<hr/>		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Primary Language	<hr/>	

INSURANCE

Medicare ID (MBI)	Medicare Advantage Plan
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<hr/>
Medicaid ID (if applicable)	MA Policy #
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CAREGIVER / EMERGENCY CONTACT

Name	Relationship	Phone
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If available, please also fax a copy of the patient's Medicare card and photo ID (recommended).

REFERRING PROFESSIONAL

Your Name	Title / Role	Phone	Fax
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Facility / Organization	Email (optional)		
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WOUND INFO (IF AVAILABLE - VERY HELPFUL!)

Wound Location(s)	Size (approx. OK)	Referring Provider
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Wound Type:	<input type="checkbox"/> Diabetic <input type="checkbox"/> Venous <input type="checkbox"/> Arterial <input type="checkbox"/> Pressure <input type="checkbox"/> Surgical <input type="checkbox"/> Trauma <input type="checkbox"/> Burn <input type="checkbox"/> Other	
<i>Not sure of wound type? That's okay - describe the situation as best you can. We'll reach out to the patient or caregiver.</i>		

ADDITIONAL NOTES