Center for Wound Care & Hyperbaric Medicine
a service of Comanche County Memorial Hospital

Comanche County Memorial Hospital
Center for Wound Care
2716 W Gore Blvd, Suite C
Lawton, OK 73505
580-357-3280

Referral Form

Please fax completed form to 580.357.7495

Date:________________________________

Referring physician:____________________ PCP:____________________________

Phone:______________________________ Fax:_____________________________

Patient Information: *Attach face sheet*

Name:_______________________________ DOB:___________________________

Primary Phone:________________________ Receive Text: Y/N

Alternative Contact Name:_______________ Primary Phone:____________________

DPOA:________________________________ Phone:__________________________

Primary Insurance:____________________ Secondary Insurance:_________________

Email Address:____

Wound Information: *Attach recent progress note*

Wound Location:_______________________ Number of wounds:________________

Wound Duration:_______________________ Diabetes: ❑Yes ❑No

Wound Vac: ❑Yes ❑No

Home Health:____

Is the patient ambulatory? ❑Yes ❑No Will a Hoyer be needed? ❑Yes ❑No

**** Hoyer patients will need to be accompanied by someone that can assist with the transfer.*

Additional Comments: ____

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Signature:____