



Thank you for referring your patient for wound care.
Please find a check list of requested information.

Sending Date: _____

Receiving Fax Number: _____

To: _____

Attention: _____

From: Wound & Hyperbaric Healing Center at Ridgeview Medical Center

Sending Fax Number: 952.556.2601

Center Phone: 952.556.2600

Number of Pages *(includes cover sheet)*: _____

Patient Name: _____

Patient Date of Birth: _____

Please complete and fax this check sheet and the following information to 952.556.2601

	Attached	Not Available OR Not Completed on Site
Patient Face Sheet		
Most Recent H & P		
Documentation & Details of Wound		
Lab Results: Past 6 Months		
Radiology Results: Past 6 Months		
Vascular Testing Results: Past 12 Months		
Chest X-ray Results: Past 12 months		
EKG Results: Past 12 Months		
ECHO Results: Past 12 Months		
Pulmonary Function Test Results: Past 12 Months		

Please call 952.556.2600 if the message you receive was incomplete or illegible. The information accompanying this transmission may contain confidential information or protected health information which under state and federal law is legally privileged. This information is intended only for the use of the individual or entity named above and may be used only for carrying out treatment, payment or other healthcare operations or other intended purposes. The recipient or person responsible for delivering this information is prohibited by law from disclosing this information without proper authorization to any other party, unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this fax in error, please destroy the materials and contact us immediately by calling the department number listed above.