

Scheduling and new referral inquiries **503-681-4310**  
Fax for new referral paperwork 503-681-1976

## Referral for Outpatient Wound Care Clinic

OHSU Tuality Healthcare Wound Care Clinic provides management of the following conditions:

Pressure ulcers, venous and arterial ulcers, diabetic ulcers, non-healing surgical wounds, and other chronic wounds.

Advanced wound therapy such as NPWT and skin substitutes and sharp debridement are provided as indicated by our licensed independent provider. We typically defer lymphedema patients to an outpatient lymphedema clinic.

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

ICD-10 code(s) if known: \_\_\_\_\_

Patient currently on Home Health?  Yes  No

Preferred contact information for scheduling:

Name: \_\_\_\_\_ Relationship to the patient: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Prior authorization for CPT codes including:

99203-99205 (if new to the clinic), 99213-99215 (for established patients), 29580-29581 (for lower extremity wounds), 29445 (for diabetic foot ulcer), 97597, 11042.

Prior authorization # \_\_\_\_\_ Approval period \_\_\_\_\_ # of visits \_\_\_\_\_

No prior authorization needed

\_\_\_\_\_  
Referring healthcare provider's signature (required) Date

\_\_\_\_\_  
Printed name Phone Fax

**\*Please attach the following documents:**

- Face sheet
- Current medication list
- H&P or progress note
- Pertinent labs and diagnostic reports

Please allow 1-2 weeks for scheduling new referrals and contact the scheduling if patient needs to be evaluated sooner.