

PATIENT REFERRAL FORM



Wound Care Clinic
1040 W. Jefferson St. • Brownsville, TX 78520
Conveniently located on the first floor of the
hospital near the outpatient entrance.

Please call for an appointment
Phone: (956) 698-5546 • Fax: (956) 698-4902

Patient Name:
Wound Location:
Diagnosis (Please write out diagnosis):
(Do not use Rule Out, Possible or Pre-op as diagnosis)
ICD-10 Code(s):
Evaluate & Treat
Special Instructions:
Physician Signature Date

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