Rafael Rafols, MD, CWSP
Certified Wound Care Specialist and Hyperbaric Medicine
Mission: 2009 E. Griffin Pkwy Mission, TX
OFFICE: (956)600-7747
FAX: 866-221-2183
www.thergvwounddoc.com

Physician Referral Form

Patient's Physician

Physician Name: _____ Clinic Name:_____
Email Address: _____ Clinic Phone #:_____
Website URL: _____ Fax #:_____
Clinic Address: _____

Referring Physician

Physician Name: _____ Clinic Name:_____
Email Address: _____ Clinic Phone #:_____
Website URL: _____ Fax #:_____
Clinic Address: _____

Patient Information

Patient's Name: _____ DOB:_____
Email Address: _____ Phone #:_____
Address: _____
Referral Reason: _____

_____

_____

Insurance Company:_____ Policy #:_____
Insurance Covers: Yes No Unknown Phone #:_____
Medications: _____

_____

Test Results: _____

_____

Substance History:_____

_____

Other:_____

_____

_____

_____