

**TRISTATE WOUND HEALING
& HYPERBARIC MEDICINE
BRANDON WHITLOCK, AG-ACNP****TRISTATE PODIATRY
CORY A. BROWN, DPM
KARL JOHNSON, DPM, FACFAS**

1119 Highland Avenue, Suite 7 | Clarkston, WA 99403 | Phone: 509.758.1119 | Fax: 509.758.1140

 TriState Wound Healing & Hyperbaric Services TriState Podiatry (Please check one)**Referral Information**Date ___/___/___ Referring Provider _____
Referring Phone # _____ Referring Fax # _____
Reason for Referral _____
_____**Patient Information**Patient Name _____ DOB ___/___/___
Home Phone # _____ Secondary Phone # _____
Mailing Address _____ City _____
State/Zip Code _____ Social Security # _____
Primary Care Provider _____**Please include the following information with this form:**

- N/A Included Demographics, along with current insurance information (legible copy or full front and back information)
- N/A Included Two most recent office notes
- N/A Included Diagnostic procedures (x-ray, labs, MRI, CT)
- N/A _____ Included Most recent history and physical (initial if history and physical are not available)

Fax this signed form and other documents to 509.758.1140. If you need to speak with the office staff, please call 509.758.1119. Once the referral information is received, we will call the patient to schedule. We will also notify your office of the appointment date.

Referring Provider's Signature _____