



Patient Referral Form

Baptist Medical Center Downtown
836 Prudential Dr., Ste. 105
Jacksonville, FL 32207
Ph#: 904-202-1917
Fx#: 904-202-1845
Tax ID#: 590747311
NPI#: 1578620449

Date: _____

Referring Physician: _____

Practice: _____ NPI#: _____

Phone#: _____ Fax#: _____

Referral Coordinator Name & Email (*REQUIRED): _____

Baptist Medical Center Beaches
1320 Roberts Dr.
Jacksonville Beach, FL 32250
Ph#: 904-627-1281
Fx#: 904-627-1284
Tax ID#: 592980620
NPI#: 1821155912

Patient Information

Patient Name: _____

Patient Phone: _____ Patient DOB: _____

Primary Insurance: _____ ***WAS PRIOR AUTH OBTAINED?*** _____

Secondary Insurance: _____

Baptist Medical Center South
14534 Old St. Augustine Rd., Ste. 3110
Jacksonville, FL 32258
Ph#: 904-271-6739
Fx#: 904-271-6740
Tax ID#: 590747311
NPI#: 1578620449

Reason for Referral:

- ____ Wound care evaluation & treatment **ONLY**
- ____ Hyperbaric evaluation & treatment **ONLY**
- ____ Wound care evaluation & treatment **PLUS** Hyperbaric Evaluation

Please check all that apply:

- | | |
|--|---------------------------------------|
| ____ Acute peripheral arterial insufficiency | ____ Post-operative wound |
| ____ Arterial ulcer | ____ Soft tissue radionecrosis |
| ____ Decubitus ulcer | ____ Venous stasis ulcer |
| ____ Insect bite | ____ Actinomycosis |
| ____ Peripheral vascular disease | ____ Wound dehiscence |
| ____ Radiation proctitis | ____ Compromised or failed flap/graft |
| ____ Acute traumatic peripheral ischemia | ____ Hemorrhagic cystitis |
| ____ Cellulitis | ____ Osteomyelitis |
| ____ Diabetic wound lower extremity | ____ Radiation injury (other) |
| ____ Osteoradionecrosis | ____ Thermal burn |
| | ____ Other _____ |
| | ____ Other _____ |

Baptist Medical Center Nassau
1250 S. 18th St., Ste. 202
Fernandina Beach, FL 32034
Ph#: 904-321-3610
Fx#: 904-321-3637
Tax ID#: 593234721
NPI#: 1518024462

Please fax this completed form to: 904-271-6741

The following information MUST be included with the referral in order to be processed:
Patient Demographics & Insurance Information | *RECENT* Clinical Notes regarding the Wound(s) | Copy of the Patient's Insurance Card(s) if available
Questions? Contact Wound Care New Patient Scheduling @ HEAL@bmcjax.com.