RestoraCare Health Group
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REFERRAL INFORMATION

Patient Admission Package

To help ensure a timely evaluation and appropriate treatment, please include the following information with your referral:

Patient Information & Demographics

- ✓ Patient's name and date of birth
- ✓ Address and phone number
- ✓ Emergency contact or caregiver

Medical Information

- ✓ Medical history and problem list
- ✓ Current medication list and pharmacy
- ✓ Most recent progress note

Physician Referral

- ✓ Signed referral/order for wound care evaluation and treatment
- ✓ Referring provider's name and contact information
- ✓ Primary diagnosis and wound diagnosis (ICD-10 codes)
- ✓ Referral date

Patient Insurance Information

- ✓ Insurance card or coverage information (if applicable)

Thank you for your referral.

We look forward to partnering with you to provide timely, evidence-based, patient-centered wound care.