

USC Wound Care

1818 Verdugo Blvd, Suite 204

Glendale, CA 91208 Tel: 818-952-2239 Fax: 818-952-2258 Date: Referring Physician / Self-Referral: Ph: Patient: Ph: Address: City: State:..... Zip: DOB: SSN:..... Insurance: Cert #:..... Group #:..... Authorization #: Primary Care Physician: Ph: Gender: \square M □F Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow(er) Diabetic? ☐ Yes ☐ No Medicare Part B Eligible? □No ☐Yes \square N/A To schedule an appointment we should contact:

Office ☐ Patient Type & Location of Wound to be Treated ☐ Diabetic Ulcer ☐ Venous Ulcer ☐ Pressure Ulcer ☐ Surgical Wound ☐ Traumatic ☐ Non-Healing (Other) Loc: Duration of Wound(s) Less than 1 Month ☐ 1-3 Months ☐ 3-6 Months ☐ 6-12 Months ☐ Greater than 1 Year Hyperbaric Oxygen Indications ☐ Lower Extremity Diabetic Ulcer ☐ Soft Tissue Radiation Necrosis/Radiation Cystitis ☐ Chronic Refractory Osteomyelitis ☐ Compromised Skin Grafts ☐ Osteoradionecrosis/Bone Reabsorption