



Surgical Wound Care
— ASSOCIATES —

- Please fax referral to (865) 224-3200
- Or email referral to referral_TN@swcatn.com
- Call (865) 936-9480 with any questions

Incoming Referral

Referring Provider: _____

Phone Number: _____

Fax Number: _____

Patient Name: _____ Gender: _____

DOB: ____ - ____ - ____ SSN: ____ - ____ - ____ Phone ____ - ____ - ____

Primary Care Provider: _____

Phone Number: _____ Fax: _____

Address: _____ City: _____ Zip: _____

Wound Location: _____

Best Approximate Onset of Wound: _____

Wound Diagnosis: _____

Insurance: _____

Home Health Agency: _____

Phone Number: _____ Fax: _____

Please include:

- Demographic sheet with insurance information
- Medical history
- Medication list
- Most recent history and physical
- Any pertinent vascular studies (ABI, vein reflux etc.)

SWCA-TN

Phone (865) 936-9480

Fax (865) 224-3200

Current office locations: Knoxville, Morristown, Harrogate

SWCA-TN is a proud participant in **WELS CARE**

Wound Excellence and Limb Salvage

