



Affix Patient Label

Bronson Methodist Hospital
Bronson Burn and Wound Center Referral Form
 601 John St. W-308
 Kalamazoo, MI 49007
 Phone: (269) 341-8827
 Fax to: (269) 552-5868
 Hours of operation: 8:00 am - 4:00 pm, M-F

Patient Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	Age:
Phone:	Mobility Limitations:				
Referring Physician:		Primary Physician			
Phone:	Fax:	Phone:	Fax:		
Diagnosis:					

The following items **MUST** accompany this form before an appointment will be made:

- Demographics / Face Sheet
- Emergency Room Visit Notes (if applies)
- Medical / Surgical History (H&P / Office Notes Including HPI)
- Insurance Information / Authorization (if needed)

WOUND PATIENTS			
Type of Wound:	Date of Onset:		
Location of Wound:			
Mechanism / Cause of Wound:			
Physician Order			
Physician Signature:	Date:	Time:	
BURN PATIENTS			
Type of Burn:	Date of Onset:		
Location / Percentage of Burn:			
Mechanism / Cause of Burn:			
Tetanus: <input type="checkbox"/> UTD <input type="checkbox"/> Other:			
<input type="checkbox"/> Burn Physician Consulted			
Physician Order:	Silvadene <input type="checkbox"/>	Bacitracin/Xero form <input type="checkbox"/>	Bacitracin/adaptic <input type="checkbox"/>
Physician Signature:	Date:	Time:	

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