



Lake Charles  
Memorial Health System

**WOUND CARE**  
**Wound Care and Hyperbaric Referral Form**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Primary Healthcare Provider: \_\_\_\_\_

Home Health: ☐ No ☐ Yes Name: \_\_\_\_\_

**Wound Care Center will contact patient to schedule appointment.**

**Please check all that apply.**

**Wound Care Management**

- ☐ Wound Care - consult and treat
- ☐ Hyperbaric oxygen treatment
- ☐ Ostomy Care - consult and treat
- ☐ PT Wound Care - consult and treat  
(at Imperial Pointe location **ONLY**)

**Fax this form to your Wound Care facility of choice with the following information:**

- Face sheet with insurance demographics
- Most recent lab and diagnostics
- History and physical including operative reports

Wound location, wound type, and duration: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
Please send: ☐ initial exam ☐ report on progress

Physician Signature



Lake Charles Memorial Health System  
**WOUND CARE**

☐ **Wound Care Center - Oak Park Blvd**

1801 Oak Park Blvd., Lake Charles, LA 70601  
Phone: 337.494.6700 | Fax: 337.494.6711

- ☐ No preference
- ☐ Louise Becnel, MD
- ☐ Daniel Hall, DPM
- ☐ Donald Higgins, MD
- ☐ Ameer Khan, MD
- ☐ Gerald Mouton, MD

☐ **Wound Care Center - Imperial Pointe**

1727 Imperial Blvd., Bldg 1, Ste. A, Lake Charles, LA 70605  
Phone: 337.480.7435 | Fax: 337.480.7436

- ☐ No preference
- ☐ Alex Anderson, MD
- ☐ Sarah Clenenger, MD
- ☐ Tyson Green, DPM
- ☐ Bradley Jimerson, DPM
- ☐ Kalieb Pourciau, DPM