

**VORA Wound Healing Center**  
Kishor Vora, MD, FACC, FSCAI, CCDS  
Brandy Abell, APRN

Office: 270-683-2083 • Fax: 270-691-1842

**Referral Form**

*Please Fax:*  
**Patient Demographic, Copy of Insurance Card, Insurance Precertification for  
Diagnostic and Pertinent Medical Records to  
270-691-1842**

Patient's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the patient able to ambulate independently?  YES  NO

Wound diagnosis: (Circle closest diagnosis)

Left Leg Ulcer L97.929	Right Leg Ulcer L97.919	Arm Ulcer L98.499
Chest Ulcer L98.499	Abdominal Ulcer L98.499	Back Ulcer L98.429
Pelvis Ulcer L97.909	Perineal Ulcer L98.4999	Head Ulcer L89.819
Unspecified pressure ulcer L89.899	Cellulitis L03.90	Abscess L02.31
Wound Number:	Wound Location(s):	
Visibility of muscle or bone: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Physician's  
Signature: \_\_\_\_\_

1200 Breckenridge Street, Suite 201 Owensboro, KY 42303  
www.owensboromedical.com  
www.woundcare.us