

## **Burn Center Referral**

2 Dudley Street, Cooperative Care Building (Coop)  $1^{st}$  Floor Providence, RI 02905

Phone: 401-444-2730 Fax: 401-606-2050

Referrals received after hours will be addressed by 9am the next business day.

| Sassian Times, Man Tues Thurs & Eri Oam 12mm   |  |
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| Session Times: Mon, Tues, Thurs, & Fri 9am-12pm<br>Wed 1pm-4pm   |  |
| This referral form is used for ALL burn patients, both adult and pedi  | atrics.  |
| Patient's Name:  | Date of Referral:  |
| Address:   | Requesting Physician:  |
| DOB: Sex:  | Address:   |
| Interpreter Required: Y N Language:  |  |
| Phone:   | Phone:   |
| Insurance:   | Fax:   |
| Burn Referra   | al Algorithm  Please call Express Care at RIH/HCH                  |
| Burn ≥ 10% 1BSA  | 401-444-3000 prior to transfer                                     |
| Burn < 10% TBSA and:  Involves face, hands feet, genitalia, perineum, or major joints  Circumferential burns  Telectrical burn (including lightning) chemical burns  Inhalation injury  Burn injury with preexisting medical disorder  Burns with concomitant trauma.  Silvadene dressing (1x/day) and refer to burn clinic to be seen by burn team.  Phone: 401-444-2730 / Fax 401-606-2050 | Please call Express Care at RIH/HCH 401-444-3000 prior to transfer |
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