



1186 Satellite Blvd., Suite 200, Suwanee, GA 30024
records@vacwoundcarespecialists.com
Phone: (770) 614-6266
Fax: (678) 392-4827

Proper Wound Care Letter

To Whom It May Concern:

_____ is a chronic wound care patient that we are treating. We have applied an amniotic membrane to the wound on the patients (location):

The gauze roll should not be removed unless completely soiled. If the gauze gets soiled please remove the rolled gauze and replace it. The Foam/ABD Non stick PAD that is attached with paper tape over the wound should never be touched. If there is a concern about the PAD covering the wound, please call me at:

Treating Practitioner: _____

Practitioner Phone number: _____

**If you cannot get in touch with me, please call our corporate headquarters at:
770-614-6266.**

Thank you in advance for helping us to take care of our patient with the best medical means for their wound/s.