



## ARE YOU AND YOUR PATIENTS DEALING WITH HARD TO HEAL WOUNDS?

## WE HAVE THE EASY SOLUTION

Refer your patients to Royal Haven Medical and have the patient treated in the comfort and safety of their own home or in our office; whichever is best for the patient. You retain the patient in your practice and we serve as an added resource for optimal patient outcomes.

Paida Wakoneka and Evbu Osunde are board-certified family nurse practitioners dedicated to medicine and promoting healthy lifestyles. Our mission is to deliver comprehensive, high-quality, patient-centered care within a compassionate and supportive environment. We are committed to ensuring access to optimal care and services while fostering the best possible atmosphere for all.

Together, our professional team has streamlined the referral process to guarantee that your patients receive prompt and effective care. To initiate a referral, please complete the attached patient referral form and submit it via fax or email as soon as possible. Our team will reach out to the patient within 48 hours to arrange a complimentary consultation.

Royal Haven Medical is proud to offer the highest level of advanced wound care in the industry. All products and services are covered by Medicare.

**DON'T DELAY CONTACT US TO PARTNER TODAY**

**COVERING THE DFW AREA**

**PHONE:**

**817-400-0433 OR 972-352-1764**

**FAX:**

**817-415-6595**

**E-MAIL:**

**[support@royalhavenmedical.com](mailto:support@royalhavenmedical.com)**

**[www.royalhavenmd.com](http://www.royalhavenmd.com)**



**PAIDA WAGONEKA, FNP, MSN**



**EVBU OSUNDE, FNP, MSN**

**Bringing Advanced  
Wound Care To Your  
Patient's Doorsteps**

# PATIENT INTAKE FORM

## PATIENT PERSONAL INFORMATION

Full Name\* :   
(PLEASE USE CAPITAL)

Address :

Phone Number\* :  E-Mail :

Preferred Day\* : ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekends

Preferred Time\* : ☐ Morning ☐ Afternoon ☐ Evening

*This space is where you can share notes such as veteran or senior, in home or in office visit preference etc.  
Including any other necessary information.*

Notes :

## POA CONTACT DETAILS

Contact Name :  Home Number :

Relationship :  Mobile Number :

PLEASE FORWARD REFERRAL INFORMATION TO RHM WHEN COMPLETE

**Please be advised that Royal Haven Medical's expert team will reach out to the patient within 48 hours of receiving the referral.**

**SEND REFRRAL FORM TO:**

**FAX:**

**817-415-6595**

**E-MAIL:**

**support@royalhavenmedical.com**

**THANK YOU**

