



## REFERRAL FOR HYPERBARIC OXYGEN THERAPY

Patient Name: \_\_\_\_\_ Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Insurance: \_\_\_\_\_

Please submit referral form with supporting demographic and clinical documentation via fax or email (i.e. recent clinical notes and testing records).

**Condition for which therapy is requested (check all that apply):**

Radiation Injury:

- |  |  |
|--|--|
| <input type="checkbox"/> Osteonecrosis of the Jaw  | <input type="checkbox"/> Radiation Proctitis   |
| <input type="checkbox"/> Tooth Extraction (Prevention of Osteonecrosis of Jaw)                                 | <input type="checkbox"/> Radiation Cystitis  |
| <input type="checkbox"/> Radionecrosis of the Brain  | <input type="checkbox"/> Radiation induced Neuropathy  |
| <input type="checkbox"/> ENT radiation side effects (tinnitus, lack of saliva, vocal cord damage, torticollis) | <input type="checkbox"/> Radiation induced chronic vaginal bleeding or pain from GYN radiation treatment |
| <input type="checkbox"/> Radiation induced chronic diarrhea or chronic abdominal pain from GU/GYN radiation    | <input type="checkbox"/> Radiation Induced capsular contract (post mastectomy and breast implant)        |
| <input type="checkbox"/> Transverse myelitis of the Spine (paralysis, hemiparesis, etc.)                       | <input type="checkbox"/> Compromised Flaps/Grafts in irradiated wound beds                               |

Diabetic Lower Extremity Ulcers: Wagner grade III or IV (circle one)

Date of Diagnosis: \_\_\_\_\_ Length of time treated: \_\_\_\_\_  
Vascular studies done? Y  N  If Yes - Date: \_\_\_\_\_

Sudden Idiopathic Sensorineural hearing loss

Date of Onset: \_\_\_\_\_

Preparation and preservation of compromised skin graft

Failed Surgical Flap

Chronic Osteomyelitis unresponsive to conventional medical/surgical management

Date of diagnosis: \_\_\_\_\_  
Location: \_\_\_\_\_  
Length of time treated: \_\_\_\_\_  
Osteo specific treatments: \_\_\_\_\_

Crush Injury: acute vascular compromise (including surgical compromise)

- Cervical, Thoracic, or Lumbar Traumatic Amyotrophy
- Traumatic Pelvic Fracture

**Additional Comments:**