HMS HYPERBARIC MEDICAL SERVICES

Your Partners In Healing

HCMG HYPERBARIC CONSULTANTS MEDICAL GROUP

TREATMENT REFERRAL FORM

Healing under pressure in a monoplace hyperbaric environment, tailored to your patient's needs.

Hyperbaric Medical Services
2107 O'Farrell Street ◆ San Francisco, CA 94115 Phone: (415) 345-1246 ◆ Fax: (415) 829-7632

Attending Physicians: ☐ Jamie Bigelow, MD ☐ Ronald Sato, MD ☐ Scott Sherr, MD ☐ Roger Friedenthal, MD ☐ Paul Cianci, MD ☐ James Macho MD

☐ Wound Care Consult ☐ Hyperbaric Oxygen Therapy Consult

(Patient Name)			*(Date of Birth)*	
(Address)		*(City)*	*(State)*	*(Zip)*
(Home Phone)		*(Other Phone)*		
(Primary Insurance Carrier)	*(Primary Insurance ID #)*	*(Secondary Insurance Carrier)*	*(Secondary Insurance ID #)*	
(Referring Physician)		*(Physician Phone)*	*(Physician Fax)*	

*** PLEASE FAX COPIES OF PATIENTS INSURANCE CARDS WITH THIS FORM ***

Physician Statement

The above named individual is currently under my medical care. I have recommended an evaluation of this patient for wound care/hyperbaric oxygen treatment for the indication checked below; which may be medically necessary for optimal care of the condition for which I have consulted Hyperbaric Medical Services.

☐ Diabetic Wound
☐ Compromised Wound
☐ Failure of Skin Graft / Flap
☐ Radiation Tissue Damage / Soft Tissue Radio-necrosis
☐ Osteomyelitis, Chronic
☐ Osteoradionecrosis
☐ Necrotizing Soft Tissue Infections
☐ Crush / Compartment Syndrome
☐ Other _____

_____

_____ _____

Physicians Signature *Date*

Thank you for allowing us to participate in the care of your patient.