

TREATMENT REFERRAL FORM

Healing under pressure in a multi-place or mono-place environment, tailored to your patient's needs.

TO BE SEEN AT:

HyperbaRXs at Kennestone

(d.b.a. Cobb Hyperbaric Medicine at Kennestone)

61 Witcher Street, Suite 2150, Marietta, GA 30060

(Phone) 770-422-4268 • (Fax) 770-422-2950

HyperbaRXs at Northside Forsyth

(d.b.a. North Georgia Center for Hyperbaric Medicine & Wound Care)

1505 Northside Boulevard, Suite 1300, Cumming, GA 30041

(Phone) 770-771-6400 • (Fax) 678-455-1969

HyperbaRXs at Saint Joseph's

(d.b.a. Hyperbaric Medicine of North Atlanta at Saint Joseph's)

5665 Peachtree Dunwoody Road, Suite G9, Atlanta, GA 30342

(Phone) 678-229-2800 • (Fax) 404-845-9989

Consult

Wound Care

Hyperbaric Oxygen Therapy

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

PLEASE FAX COPIES OF PATIENTS INSURANCE CARDS AND MEDICAL RECORDS 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 HyperbaRXs, Inc./Hyperbaric Physicians of Georgia.

- | | |
|---|---|
| <input type="checkbox"/> Diabetic Wound | <input type="checkbox"/> Compromised Wound |
| <input type="checkbox"/> Failure of Skin Graft / Flap | <input type="checkbox"/> Radiation Tissue Damage / Soft Tissue Radio-necrosis |
| <input type="checkbox"/> Osteomyelitis, Chronic | <input type="checkbox"/> Osteoradionecrosis |
| <input type="checkbox"/> Necrotizing Soft Tissue Infections | <input type="checkbox"/> Crush / Compartment Syndrome |
| <input type="checkbox"/> Other _____ | |

Physicians Signature

Date

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

Daniel Beless, MD

Helen Gelly, MD

David Schwegman, MD

Marina Wilder, MD

www.HyperbaRXs.com