

Hyperbaric Oxygen Therapy – Referring Physician Order Form

Colorado Center for Hyperbaric Medicine, 1460 E. Valley Rd. #104 Basalt, CO

Ph # (970) 927-4950 Fax # (877) 433-2364

PATIENT NAME: _____ DOB: _____ PATIENT PHONE: _____

HYPERBARIC ORDERS

Hyperbaric Oxygen Therapy – Evaluate and Treat

Referring Physician (PRINT) _____

Physician Signature _____

Doctor's Office Contact Name _____

CONDITIONS

Non-Healing Wound:

Wound Type/Location _____ How Long? _____

Diabetic Y/N

Bone Infection Y/N

Bone Scan/MRI Y/N

Exposed Bone Y/N

Radiation Injury (Soft Tissue/Bone

Location: _____

Osteomyelitis

Compromised Graft/Flap

Crush Injury/Compartment

Syndrome/Acute Vascular

Compromise

Sudden Sensorineural Hearing Loss

Diving Injury

Other

Description/Comments:

PLEASE FAX THE FOLLOWING to: 1-(877)-433-2364

RECENT: • INSURANCE INFO • PT. FACE SHEET • H&P • OFFICE/TREATMENT NOTES