HYPERBARIC PHYSICIANS OF GEORGIA

Your Partners In Healing

TREATMENT REFERRAL FORM

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

TO BE SEEN AT:

☐ **Hyperbaric Physicians of Georgia in Marietta**
(d.b.a. Cobb Hyperbaric Medicine)
61 Whitcher Street, Suite 2150, Marietta, GA 30060 (Phone) 770-422-4268 • (Fax) 770-422-2950

☐ **Hyperbaric Physicians of Georgia in Cumming**
(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

☐ **Hyperbaric Physicians of Georgia in Sandy Springs**
(d.b.a. Hyperbaric Medicine of North Atlanta)
5665 Peachtree Dunwoody Road, Suite G9, Atlanta, GA 30342 (Phone) 678-229-2800 • (Fax) 404-845-9989

☐ Consult ☐ Wound Care ☐ Hyperbaric Oxygen Therapy

(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 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 Hyperbaric Physicians of Georgia.

☐ Diabetic Wound
☐ Failure of Skin Graft/Flap
☐ Osteomyelitis, Chronic
☐ Necrotizing Soft Tissue Infections
☐ Compromised Wound
☐ Radiation Tissue Damage/Soft Tissue Radionecrosis
☐ Osteoradionecrosis
☐ Crush/Compartment Syndrome

☐ Other _____

_____ *Physicians Signature*

_____ *Date*

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

Daniel Beless, MD Helen Gelly, MD Joni K. Hodgson, DO David Schwegman, MD Marina Wilder, MD

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