

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 Witcher 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

<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 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 Radionecrosis |
| <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 Joni K. Hodgson, DO Timothy Hutton, MD David Schwegman, MD Marina Wilder, MD

.hbomdga.com