

TREATMENT REFERRAL FORM

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

NORTH CAROLINA HYPERBARICS, LLC

3035A Boone Trail Extension

Fayetteville, NC 28304

Phone: 910-920-1165 Fax: 910-425-5178

-
- 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 North Carolina Hyperbarics.

- | | |
|---|--|
| <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 _____ | |

How often do you want progress notes? Daily Weekly Monthly Treatment Complete

Other _____

Physicians Signature

Date

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

Karl J. Moo Young, DO ♦ Helen Gelly, MD ♦ David Schwegman, MD

.NorthCarolinaHyperbarics.com