

## Patient Information

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Primary Diagnosis (ICD-10 Code):** \_\_\_\_\_

## Referring Provider Information (Office Stamp OK)

**Physician Name:** \_\_\_\_\_ **Practice Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### HBOT Indication:

- Diabetic Foot Ulcer (Wagner Grade III or higher)
- Chronic Refractory Osteomyelitis
- Radiation Soft Tissue Damage or Osteoradionecrosis
- Compromised Skin Grafts or Flaps
- Necrotizing Soft Tissue Infections
- Gas Gangrene (Clostridial Myonecrosis)
- Acute Traumatic Ischemia
- Acute Crush Injuries
- Acute Thermal Burns
- Actinomycosis
- Idiopathic Sudden Sensorineural Hearing Loss
- Other (please specify) \_\_\_\_\_

### Wound Care Indication:

- Wound Care Referral

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**\*\*Please include the last office visit clinical note\*\***

Fax to 989 - 256 - 0507

Call (989) 320-4434 for Questions/Urgent Referrals

3200 Cabaret Trail S. Suite 3 Saginaw, MI 48603

[www.RevitalizeMeHyperbaricWoundCare.com](http://www.RevitalizeMeHyperbaricWoundCare.com)