



Patient Referral Form

Date: _____
Referring Physician: _____
Physicians' Phone: _____
Contact Name: _____
Contact's Email: _____

Please fax to Bay Area Hyperbarics the following information to facilitate patient treatment and insurance billing.

- 1. Prescription (Rx) The prescription must include the following:**
- Patient's name and the current date
 - Diagnosis and diagnosis code
 - NPI# and Physician's information
 - Statement requesting Hyperbaric Oxygen Therapy, HBOT, per protocol
 - Signature
- 2. Chart Notes Please fax or send a copy of the patient's Chart Notes, including:**
- Patient diagnosis and code
 - Date of first diagnosis
 - Any adjunctive therapies or treatments

Your Bay Area Hyperbarics contacts are:

Nicole Skinner, Billing Specialist – nicole@oxygenheals.com (Los Gatos and Los Altos)
David Roberts, Certified Hyperbaric Technologist – david@oxygenheals.com (Los Altos)
Randy Foster, Certified Hyperbaric Technologist – randy@oxygenheals.com (Los Gatos)
Lisa St. John – Clinic Director

Bay Area Hyperbarics

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