

Patient Referral Form for Hyperbaric Oxygen Therapy (HBOT)
to be submitted by the referring physician to BAH

Date of Referral _____

Physician's name: _____

Phone #: () _____

Office contact person: _____

Contact email: *Email* _____

Patient's name: _____ / *DOB* / _____

Patient's phone #: () _____

Date of Birth

PRESCRIPTION (Rx) IS REQUIRED -

A prescription for HBOT must include the ICD-10 code(s).

Please fax the prescription and recent chart notes to fax number (408) 356-7491.

Diagnoses covered by Medicare and most insurance plans (*check one or more that apply to your patient*):

- Diabetic non-healing wounds
- Soft tissue radionecrosis
- Osteoradionecrosis
- Chronic refractory osteomyelitis, unresponsive to conventional medical/surgical mgmt
- Sudden or Acoustic Hearing Loss
- Preparation and preservation of compromised skin grafts
- Acute Peripheral Arterial Insufficiency
- Crush injuries and suturing of severed limbs
- Acute Traumatic Peripheral Ischemia (ATPI)
- Traumatic Brain Injury (TBI) and/or Post Concussion Syndrome
- Other, please specify: _____

Patient Clearance for Hyperbaric Oxygen Therapy

Patient name:	Referral date:
Patient DOB: / /	Patient ID #:
Name of Referring Physician:	

To be completed by referring physician

Name of approving physician *(please print)*:

Physician's phone: _____ Physician's fax: _____

Diagnosis(es) codes: _____

Description of service to be provided: Hyperbaric Oxygen Therapy (HBOT)

- Patient's ears are clear*
- Patient's chest is clear*
- Patient does not have a Pneumothorax or known lung issue*
- Patient does not have a known contraindication for HBOT*
- Patient does not have a history of unstable cardiac disease and has an ejection fraction is above 35%*

Treatment Protocol: Please contact our medical staff with any questions. (408) 356-7438

ATA: _____

PSI: _____

Minutes in chamber: 60 or 90 *(circle one)*

Days per week: 5

Total # of treatments recommended: _____

APPROVED for HBOT

Physician's notes:

Physician's signature: _____

Date: _____

Contact information for Bay Area Hyperbarics:

1. Jesse Ward, LVN, CHT, Clinic Coordinator - *main* (408) 356-7438, *cell* (530) 219-5628
Email: jesse@oxygenheals.com
2. Diana Juarez, Senior Billing Specialist - *phone* (408) 356-7438, *fax* (408) 356-7491
Email: diana@oxygenheals.com
3. Lisa St John, Clinic Director - (408) 356-7438
4. Jeffrey Kaplan, MD, FACS, Medical Director - (408) 358-5670

Two clinic locations to serve your patients

**Los Gatos Clinic
and Administrative Offices**
14589 S Bascom Avenue
Los Gatos, CA 95032

Los Altos Clinic
4856 El Camino Real
Los Altos, CA 94022

Phone (408) 356-7438

Fax (408) 356-7491

To refer your patient to Bay Area Hyperbarics, please fax the following to (408) 356-7491:

1. This completed Patient Referral Form – 2 pages
2. Prescription **including ICD-10 codes** appropriate to your patient
3. Recent chart notes for your patient

This referral form is also available on our Bay Area Hyperbarics website

www.OxygenHeals.com