



Patient Referral Form for Hyperbaric Oxygen Therapy (HBOT)

to be submitted by the Referring Provider to Bay Area Hyperbarics

20+ YEARS EXPERIENCE IN
HYPERBARIC OXYGEN THERAPY

Two clinics to serve you:

14589 S Bascom Ave.
Los Gatos, CA 95032

4856 El Camino Real
Los Altos, CA 94022

Call (408) 356-7438

Fax (408) 356-7491

www.BayAreaHyperbarics.com

Medical Director

Jeffrey Kaplan, MD, FACS

Clinic Director

Lisa St. John

Director of Patient Care

Laura Jean, RN, BSN

Director of Provider & Community Relations

Regene Polk Ross, MBA

Hyperbaric Technicians

David Roberts, EMT, CHT

Jeremy Empey, EMT, CHT

Jorge Medina-Garcia, MA

Tatiana Aguilera, MA

Insurance reimbursable conditions include:

- Osteoradionecrosis
- Soft tissue radionecrosis
- Diabetic wound of the lower extremities, Wagner grade III or higher
- Chronic refractory osteomyelitis
- Acute peripheral arterial insufficiency
- Preservation of skin grafts and flaps
- Crush injuries and suturing of severed limbs
- Actinomycosis
- Sudden Hearing Loss

Date of Referral: _____

Referring Provider (print): _____

Phone #: _____

Office Contact: _____

Contact Email: _____

Patient's Name (print): _____

Patient's phone #: _____

Patient's DOB: _____

PRESCRIPTION (Rx) IS REQUIRED – the patient's diagnosis is:

- Diabetic non-healing wound
- Soft tissue radionecrosis
- Osteoradionecrosis
- Chronic refractory osteomyelitis
- 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:

**To refer your patient for Hyperbaric Oxygen Therapy
please fax the following to (408) 356-7491
or email to Referral@OxygenHeals.com**

1. This completed Patient Referral Form
2. Prescription including ICD-10 codes appropriate for your patient
3. Current chart notes supporting the diagnosis for your patient

Questions?

Call Laura Jean, RN, BSN (669) 233-9985 or David Roberts, EMT, CHT (408) 353-0080

The phone number for our clinics is (408) 356-7438, fax number (408) 356-7491

This referral form is also available at www.BayAreaHyperbarics.com

Please continue onto back...

Patient Clearance for Hyperbaric Oxygen Therapy

Patient name: _____	Referral date: _____
Patient DOB: / /	Patient member ID: _____

Name of approving provider: _____

Phone: _____

Fax: _____

Diagnosis(es) codes: ICD _____, ICD _____, ICD _____

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*

APPROVED FOR HBOT PER PROTOCOL

Or

APPROVED FOR HBOT with referring provider's recommended protocol as follows:

ATA: _____

PSI: _____

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

Days per week: 5

Total # of treatments recommended: _____

Or

DENIED for HBOT

Notes: _____

Provider's signature: _____

Date: _____