NORTH CAROLINA HYPERBARICS, LLC
3035A Boone Trail Extension
Fayetteville, NC 28304
910-920-1165 Fax: 910-425-5178

Your Partners In Healing

NORTH CAROLINA HYPERBARICS and WOUND CARE

TREATMENT REFERRAL FORM

Healing under pressure in a mono-place environment, tailored to your patient's needs.

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☐ 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 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.

☐ Diabetic Wound
☐ Failure of Skin Graft / Flap
☐ Osteomyelitis, Chronic
☐ Necrotizing Soft Tissue Infections
☐ Compromised Wound
☐ Radiation Tissue Damage / Soft Tissue Radio-necrosis
☐ Osteoradionecrosis
☐ Crush / Compartment Syndrome
☐ Other _____

_____ *Physicians Signature*

_____ *Date*

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

Deon F. Faillace, MD F. Andrew Morfesis, MD, F.A.C.S Helen Gelly, MD