

TREATMENT REFERRAL FORM

Healing under pressure in a monoplace environment, tailored to your patient's needs.

NORTH CAROLINA HYPERBARICS, LLC

3035A Boone Trail Extension
Fayetteville, NC 28304

910-920-1165 Fax: 910-425-5178

Consult

Wound Care

Hyperbaric Oxygen Therapy

<i>(Patient Name)</i>		<i>(Date of Birth)</i>	
<i>(Address)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
<i>(Home Phone)</i>		<i>(Other Phone)</i>	
<i>(Primary Insurance Carrier)</i>	<i>(Primary Insurance ID #)</i>	<i>(Secondary Insurance Carrier)</i>	<i>(Secondary Insurance ID #)</i>
<i>(Referring Physician)</i>		<i>(Physician Phone)</i>	<i>(Physician Fax)</i>

PLEASE FAX COPIES OF PATIENTS INSURANCE CARDS AND MEDICAL RECORDS 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
- Other _____
- Compromised Wound
- Radiation Tissue Damage/Soft Tissue Radionecrosis
- Osteoradionecrosis
- Crush/Compartment Syndrome

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

www.NorthCarolinaHyperbarics.com