

Center for Wound Management
and Hyperbaric Medicine



Referral Form

Date: ____ / ____ / ____

Patient Name: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____ Phone: ____ - ____ - ____

Primary Care Physician: _____ Phone: ____ - ____ - ____

PATIENT INSURANCE INFORMATION

Primary: _____ ID#: _____ Group#: _____

Secondary: _____ ID#: _____ Group#: _____

Is patient a SNF resident? YES NO

Is patient on antibiotics? YES NO Facility name _____
RX name _____

Is patient on blood thinners? YES NO RX name _____

Is patient receiving home health care? YES NO Agency name _____

REFERRAL REASON

- Diabetic foot ulcers
- Venous ulcers
- Pressure ulcers
- Non-healing, post-surgical wounds
- Arterial/ischemic ulcers
- Post-radiation ulcer
- Hyperbaric oxygen therapy. List indication: _____
- Other _____

ADDITIONAL COMMENTS

REFERRING PHYSICIAN

Name: _____ Phone: ____ - ____ - ____

Email: _____ Fax: ____ - ____ - ____

For more information,
call us at:
(323) 932-5922

or fax us:
(323) 932-5050

5900 W. Olympic Blvd.
Los Angeles, CA 90038

Hyperbaric
Oxygen Therapy
Indications

- Acute thermal burn injury
- Air or gas embolism
- Arterial insufficiencies including central retinal artery occlusion
- Carbon monoxide poisoning
- Clostridial myositis and myonecrosis (gas gangrene)
- Compromised grafts and flaps
- Crush injury, compartment syndrome and other acute traumatic ischemias
- Decompression sickness
- Delayed radiation injury (soft tissue and bony necrosis)
- Diabetic ulcer of the lower extremities
- Idiopathic sudden sensorineural hearing loss
- Intracranial abscess
- Necrotizing soft tissue infections
- Osteomyelitis (refractory)
- Severe anemia

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