

OxygenWell

Hyperbaric & Regenerative
Medicine Center

Oxygenwell.com
(818) 661-0939
Tarzana and Calabassas

Hyperbaric Oxygen Therapy Referral Form

Patient Information

Full Name: _____

Date of Birth: _____ Age: _____ Female Male

Insurance Provider: _____

Insurance ID#: _____

E-mail: _____

Phone: _____

Referral Information

Referring Provider's Name: _____

Specialty: _____

Practice/Clinic Name: _____

Phone: _____

Fax: _____

E-mail: _____

Medical Information

Diagnosis/Condition:

- Soft Tissue Radiation Necrosis*
- Radiation Cystitis*
- Radiation Proctitis (*not Medicare)*
- Osteo Radiation Necrosis (*not Medicare)*
- Pre and Post Dental Extractions for a Radiated of Mandible*
- Chronic Osteomyelitis*
- Compromised Skin Graft/Flap**
- Diabetic Foot Ulcer***
- Crush Injury and Compartment Syndrome****
- Sudden Sensorineural Hearing Loss (*not Medicare)**
- Avascular Necrosis (Osteonecrosis) * only Cigna and United Healthcare cover*

Follow standard of care medical protocol for:

90 minutes at pressure, approximately 125 minutes in the chamber

or _____

*40-60 sessions

**20 sessions

*** 30 sessions

10 sessions
*** up to 10 sessions
Or _____