

## Limb Preservation - Wound - Hyperbaric Patient Referral

Please fax form to: **734-762-5006**

Date: \_\_\_\_\_

Referring Physician, Practice: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### **Patient Information** (Fill in or attach patient face sheet.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

### **Referral Information** (Common Hyperbaric Indications: Diabetic Ulcer, Compromised Skin Grafts & Flaps, Chronic Bone Infections (Osteomyelitis), Radiation Damage, Crush Injuries, Actinomycosis, Sudden Idiopathic Hearing Loss.)

- Limb Preservation- Vascular  
 Wound Care Only

- Wound Care & Hyperbaric Treatment  
 Hyperbaric Treatment Only

### **Wound Type**

- |                                                                  |                                                              |                                               |
|------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Diabetic Ulcer                          | <input type="checkbox"/> Venous Ulcer                        | <input type="checkbox"/> Arterial Ulcer       |
| <input type="checkbox"/> Compromised or Failed Skin Graft/Flap   | <input type="checkbox"/> Radiation                           | <input type="checkbox"/> Soft-tissue Necrosis |
| <input type="checkbox"/> Osteomyelitis                           | <input type="checkbox"/> Osteoradionecrosis                  | <input type="checkbox"/> Actinomycosis        |
| <input type="checkbox"/> Acute Peripheral Arterial Insufficiency | <input type="checkbox"/> Acute Traumatic Peripheral Ischemia | <input type="checkbox"/> Ostomy Issues        |
| <input type="checkbox"/> Peripheral Vascular Disease             | <input type="checkbox"/> Radiation Proctitis                 | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Post-Op Wound w/Complications           | <input type="checkbox"/> Pressure ulcer                      | _____                                         |

Additional Comments: \_\_\_\_\_