



"Your Partners In Healing"



HYPERBARIC PHYSICIANS OF GEORGIA
We take healing to new depths.

TREATMENT REFERRAL FORM

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

To be seen at:

- HyperbaRXs at DeKalb**
(d.b.a. DeKalb Hyperbaric Medicine & Wound Care Center)
5700 Hillandale Drive, Building 2, Suite 210, Lithonia, GA 30058 (Phone) 770-593-9450 • (Fax) 770-593-9447
- HyperbaRXs at Johns Creek**
2575 Peachtree Parkway, Suite 250, Cumming, GA 30041 (Phone) 770-205-9777 • (Fax) 770-205-9770
- HyperbaRXs at Kennestone**
(d.b.a. Cobb Hyperbaric Medicine at Kennestone)
61 Witcher Street, Suite 2150, Marietta, GA 30060 (Phone) 770-422-4268 • (Fax) 770-422-2950
- HyperbaRXs at Northside Forsyth**
(d.b.a. North Georgia Center for Hyperbaric Medicine & Wound Care)
1505 Northside Boulevard, Suite 1300, Cumming, GA 30041 (Phone) 770-771-6400 • (Fax) 678-455-1969
- HyperbaRXs at Saint Joseph's**
(d.b.a. Hyperbaric Medicine of North Atlanta at Saint Joseph's)
5665 Peachtree Dunwoody Road, Suite G10, Atlanta, GA 30342 (Phone) 678-843-5390 • (Fax) 678-843-5812

- Consult**
 Transcutaneous Oximetry
 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>

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 HyperbaRXs, Inc./Hyperbaric Physicians of Georgia.

- | | |
|---|--|
| <input type="checkbox"/> Diabetic Wound
<input type="checkbox"/> Failure of Skin Graft / Flap
<input type="checkbox"/> Osteomyelitis, Chronic
<input type="checkbox"/> Necrotizing Soft Tissue Infections
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Compromised Wound
<input type="checkbox"/> Radiation Tissue Damage / Soft Tissue Radionecrosis
<input type="checkbox"/> Osteoradionecrosis
<input type="checkbox"/> Crush / Compartment Syndrome |
|---|--|

Physician Signature

Date

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

Daniel Beless, MD
Jann Blanton, MD

Melanie Cooper, MD
Mahesh V. Desai, MD

Belinda Marcus, MD
David Schwegman, MD

Ron Stephens, MD
Marina Wilder, MD