



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:	<input type="checkbox"/> HyperbaRXs at DeKalb <i>(formerly DeKalb Hyperbaric Medicine and Wound Care Center)</i>	(Phone) 770-593-9450	(Fax) 770-593-9447
	<input type="checkbox"/> HyperbaRXs at Kennestone <i>(formerly Cobb Hyperbaric Medicine at Kennestone)</i>	(Phone) 770-422-4268	(Fax) 770-422-2950
	<input type="checkbox"/> HyperbaRXs at Northside Forsyth <i>(formerly North Georgia Center for Hyperbaric Medicine and Wound Care)</i>	(Phone) 770-771-6400	(Fax) 678-455-1969
	<input type="checkbox"/> HyperbaRXs at Saint Joseph's <i>(formerly Hyperbaric Medicine of North Atlanta at Saint Joseph's)</i>	(Phone) 678-843-5394	(Fax) 678-843-5812
	<input type="checkbox"/> HPG at Emory University Hospital - Midtown	(Phone) 404-683-2288	(Fax) 404-686-4409

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>(Insurance Carrier)</i>	<i>(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 Hyperbaric Physicians of Georgia.

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

Physician Signature

Date

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

William S. Alexander, MD
Daniel Beless, MD

Jann Blanton, MD
Melanie Cooper, MD

Belinda Marcus, MD
Dave Register, MD

David Schwegman, MD
Ron Stephens, MD

Marianne Taryla, MD
Michael Violette, MD