

Wound and Hyperbaric Institute Good Samaritan Regional Medical Center

Accredited with Distinction by the Undersea and Hyperbaric Medical Society 255 Lafayette Avenue, Suffern, NY 10901

Hyperbaric Oxygen Therapy OUTPATIENT REFERRAL FORM

FAX this referral form to 1-855-742-0217 for appointment.

Scheduling questions: 1-866-596-8456 Staff and procedure questions: 1-845-368-5590

Patient Name			Date of Birth:
Patient Phone#:		Referring Physician:	
Requesting Hyperbaric Consult for the above patient for:			
	Diabetic Wound of Lower Extremity		
	Non Healing Surgical Wound		
	Arterial Ulcer		
	Compromised Graft or Flap		
	Osteomyelitis		
	Radiation Injury of Skin, Soft Tissue of	r Bone	
	Osteoradionecrosis		
	Radiation Proctitis		
	Radiation Cystitis		
	Non-Healing Wound		
	Crush Injury, Compartment Syndrome,	, Acute Traumatic Ischei	mia
	Idiopathic Sudden Sensory Neural Hea	aring Loss	
	Central Retinal Artery Occlusion		
	Decompression Sickness		
	Carbon Monoxide Poisoning		
	Intracranial Abscess		
	Other:		

Comment: