

HYPERBARIC PATIENT REFERRAL

BETHESDA HOSPITAL EAST
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PATIENT NAME: _____ DOB: _____

REFERRING PHYSICIAN: _____ PHONE: _____ FAX: _____

PLEASE SEND THE FOLLOWING CLINICAL INFORMATION FOR THE HYPERBARIC INDICATION, AND FAX BACK TO US AT (561) 374-5772:

Diabetic Wound of Lower Extremity

- Type I or II Diabetes-current HgA1c
- Wagner 3 or higher
- 30 days wound care without improvement (documented)
- ABI \geq 0.6
- Documented Off-loading
- 4 weeks Progress Notes from referring physician stating no improvement in wound

Compromised Graft/Flap

- Report stating date of graft/flap and viability
- Report stating date and evidence of compromise
- Flap/Graft is autologous skin-bioengineered skin substitutes or donor grafts do not meet criteria

Chronic Refractory Osteomyelitis

- MRI or diagnostic report of osteo
- Documentation of 6 weeks of antibiotics
- Surgical report of debridement of bone, if applicable.
- Pathology, or other documentation to support chronic osteo post antibiotics treatment (ie: probe to bone)

Soft Tissue Radionecrosis

- Radiation treatment \geq 6 months prior
- Anatomical site of radiation and dates
- Progress Notes from referring physician providing evidence of soft tissue injury or necrosis in field of radiation

Osteoradionecrosis

- Radiation treatment \geq 6 months prior
- Anatomical site of radiation and dates
- X-ray/MRI or bone cultures to support diagnosis— jaw/mandible involvement
- Documentation of antibiotics if area infected
- Documentation of debridement of affected bone, if applicable

Enhancement of Healing for Problem Wounds

- COMMERCIAL PAYOR ONLY
- Documentation of comprehensive wound care for >14-16 weeks without evidence of improvement (ex: NPWT, skin grafts, etc)
- Documentation of underlying etiology and factors inhibiting healing
- Documentation of addressing the underlying conditions
- Documentation of Vascular Status (ABI, non-invasive dopplers, orther vascular procedures, TCOM)
- Documentation from referring physician stating physician feels Hyperbaric is last effort to assist in wound healing process

****If you have any questions concerning these documents, please contact us at number above****

**THANK YOU FOR YOUR REFERRAL.
WHEN WE RECEIVE ALL THE INFORMATION,
WE WILL SET UP AN APPOINTMENT WITH YOUR PATIENT!!!!!!**