

## Hyperbaric and Wound Center

**Medical Arts Plaza**  
3590 W. 9000 S., Suite 105  
West Jordan, UT 84088

**Office:** (801) 601-2322  
**Fax:** (801) 601-2679  
**Hours:** M-F 8 a.m. to 4 p.m.

Patient Name:\*

Patient Phone:

DOB:

MONTH DAY YEAR

Insurance:

### HYPERBARIC OXYGEN REFERRAL

We treat medicare approved indications only.

- Diabetic Foot Ulcer(s) - Wagner 3+
- Idiopathic Sudden Sensorineural Hearing Loss
- Intracranial Abscesses
- Late effects of Radiation Treatment  
(Radiation proctitis & cystitis, radiation-related open wounds of the breast and other sites, osteoradionecrosis of the jaw)
- Osteomyelitis - Chronic Refractory
- Radiation Treatment Injury
- Recreational/Commercial Fitness to Dive Physicals
- Other:

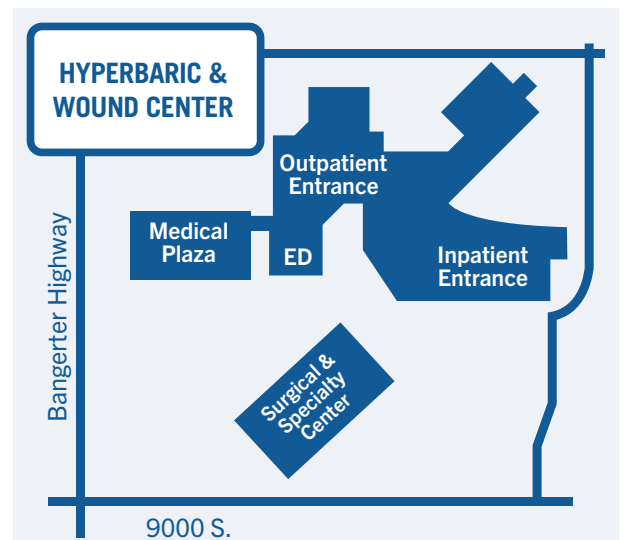
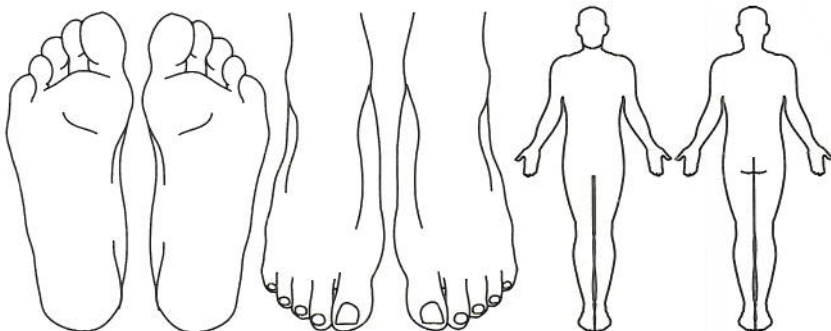
### WOUND CARE REFERRAL

- Chronic Ulcer(s) of all types
- Compression Wrap Therapy (Venous Stasis Disease)
- Diabetic Foot Ulcer(s)
- Epidermal Skin Grafting
- Late Effects of Radiation Ulcers or Bleeding
- Ostomy Education and Support
- Skin Substitutes (Xenografts)
- Surgical Dehiscence Ulcer(s)
- Total Contact Casting (TCC)
- Traumatic Wound/Ulcer(s)
- Venous Stasis Disease w/ Ulcer(s)
- Wound VAC Therapy
- Other:

Referring Physician Signature

Referring Physician Name (Print)

### MARK WOUND LOCATION:



\*Please include the patient's FACE SHEET and recent PROGRESS NOTE, Labs, and Medications with this referral form.