

Wound Healing Center: 201-894-3361 | Hyperbaric Oxygen Therapy: 201-894-3898

Physician Referral Form

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PATIENT'S NAME

DATE OF BIRTH

Wound Referral

- Diabetic foot ulcer
- Venous insufficiency ulcer
- Arterial ulcer
- Pressure injury
- Chronic lymphedema
- Surgical wound
- Radiation wound
- Other: _____

DIAGNOSIS

CPT CODE

Hyperbaric Oxygen Therapy Referral

- Transcutaneous oxygen measurement (TCOM)
- Hyperbaric evaluation
- Hyperbaric oxygen therapy (HBOT)

DIAGNOSIS

CPT CODE

COMMENTS

PROVIDER'S NAME (PLEASE PRINT)

/ /

SIGNATURE

DATE