

## 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 or E	Bone	
	Osteoradionecrosis		
	Radiation Proctitis		
	Radiation Cystitis		
	Non-Healing Wound		
	Crush Injury, Compartment Syndrome, A	cute Traumatic Ischer	nia
	Idiopathic Sudden Sensory Neural Heari	ng Loss	
	Central Retinal Artery Occlusion		
	Decompression Sickness		
	Carbon Monoxide Poisoning		
	Intracranial Abscess		
	Other:		

**Comment:**