HealO2x HYPERBARIC OXYGEN THERAPY

Patient Information:

Name:_____ Primary Phone: _____

Address:_____ City:_____ State:_____ Zip:_____

Date of Birth_____

Primary Insurance:_____ Secondary Insurance:_____

Referring Physician Information:

Name:_____ Office Phone: _____

Specialty:_____ Office Fax:_____

Office Address:_____

Most Common Accepted Diagnosis for HBOT:

1. Acute Traumatic Peripheral Ischemia due to:

a. Iliac artery injury *b. Axillary artery injury*
c. Femoral artery injury *d. Popliteal artery injury*

2. Crush Injuries

3. Preparation and Preservation of Compromised Skin Grafts
(not primary management of wounds) excludes artificial skin)

4. Chronic Refractory Osteomyelitis of _____
(unresponsive to conventional antibiotic and surgical management)

5. Osteoradionecrosis of _____

6. Soft Tissue Radionecrosis of _____

7. Skin and Tissue Radionecrosis

8. Necrotizing Fasciitis

9. Diabetic Wound of the Lower Extremities

Location:_____

In patients who meet the following three criteria:

a. Patient has type I or II diabetes and has a lower extremity wound due to diabetes
b. Patient has a wound classified as Wagner grade III of higher
c. Patient has failed an adequate course of standard wound therapy

	Location
Type I Diabetes Foot Ulcer E10.621	Non Pressure Ulcer of L97
Type II Diabetes Foot Ulcer E11.621	Non Pressure Ulcer of L97
Type I Diabetes Foot Ulcer E10.622	Non Pressure Ulcer of L97
Type II Diabetes Foot Ulcer E11.622	Non Pressure Ulcer of L97

Diagnosis:_____ ICD10 Code(s): _____

Additional Notes:_____

Physician Signature:_____ Date: _____

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