RESET FORM

HMS HYPERBARIC MEDICAL SERVICES Wound Care & Dive Medicine

Your Partners In Healing

HCMG HYPERBARIC CONSULTANTS MEDICAL GROUP

TREATMENT REFERRAL FORM

HYPERBARIC MEDICAL SERVICES
2107 O'Farrell Street ◆ San Francisco, CA 94115
Phone: (415) 345-1246
Fax: (415) 829-7632

Attending Physicians: Jamie Marie Bigelow, MD | Ronald Sato, MD | David Young, MD
Roger Friedenthal, MD | James Macho, MD | Nicole Cates, DPM

Please circle a name if a specific doctor is desired.

☐ Wound Care Consult ☐ Dive Medicine Consult ☐ Hyperbaric Oxygen Therapy Consult

Authorizations/Referrals should be made to: Hyperbaric Consultants Medical Group. Not a specific physician.

(Patient Name)			*(Date of Birth)*	
(Address)		*(City)*	*(State)*	*(Zip)*
(Home Phone)		*(Other Phone)*		
(Primary Insurance Carrier)	*(Primary Insurance ID #)*	*(Secondary Insurance Carrier)*	*(Secondary Insurance ID #)*	
(Referring Physician)		*(Physician Phone)*	*(Physician Fax)*	

PLEASE FAX COPIES OF THE PATIENT'S INSURANCE CARDS AND MEDICAL RECORDS WITH THIS FORM

Physician Statement

The above named individual is currently under my medical care. I have recommended an evaluation of this patient for the indication checked below, which I consider medically necessary for the optimal care of the patient and for which I have consulted Hyperbaric Consultants Medical Group.

- ☐ Diabetic Wound
- ☐ Failure of Skin Graft/Flap
- ☐ Chronic Osteomyelitis
- ☐ Sudden Sensorineural Hearing Loss
- ☐ Compromised Wound
- ☐ Radiation Tissue Damage/Soft Tissue Radionecrosis
- ☐ Osteoradionecrosis
- ☐ Other _____

_____ _____

Physicians Signature *Date*

Thank you for allowing us to participate in the care of your patient.