



PO Box 308 | Newton, KS 67114

NMC Health Patient Label

# HBO Referral

## Indication for HBO (please check all that apply)

- Osteoradionecrosis of Mandible
- Soft Tissue Radiation > 6 months
- Diabetic Foot Ulcer, Wagner 3
- Chronic Refractory Osteomyelitis
- Radiation Cystitis
- Failed Surgical Flap/Graft

## In order to provide appropriate care, please fax the following to 316.804.6259 (please check)

- Facesheet/Current Insurance Information
- Recent Labs (CBC, CMP, HgA1C, albumin, prealbumin, ESR)
- Recent Cultures/Pathology
- Recent MRI/CT/XRays/EKG
- Recent Ultrasounds (Venous/Arterial)
- Recent H&P
- Recent CRP and UA, if being treated for radiation cystitis
- Recent Notes from Infectious Disease, Surgery, Cardiology, and Primary Doctor
- Operative Notes
- Radiation Hx Notes if Soft Tissue Radionecrosis, Osteoradionecrosis
- Current Medication List

**\*Please do not fax photos of wounds as they do not come through the fax machine.\***

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Patient Scheduled:  
Yes - Date/Time: \_\_\_\_\_  
No - Reason: \_\_\_\_\_

Phone: 316.804.6160 Fax: 316.804.6259