Please Indicate Wound Location(s)

- Lateral
- Medial
- Right Foot
- Left Foot
- Right
- Left

Reason for Referral: (Check all that apply)
- Wound Care
- Hyperbaric Consult

- Arterial Ulcer
- Venous Ulcer
- Diabetic Foot Ulcer
- Osteomyelitis
- Other

- Malignant Ulcer
- Neuropathic Ulcer
- Non Healing Surgical Wound

- Pressure Ulcer
- Surgical Ulcer (Compromised Graft/Flap)
- Traumatic Ulcer

- Radionecrosis Ulcer
- Infected Ulcer
- Inflammatory Ulcer
- Burn Wound

Onset Date: ___/___/_______ Size/Duration of the Wound: _________________________________________

Additional Information: ______________________________________________________________________

Referring Provider: ___________________________________________ Email: ________________________

(Signature)

Please send patient demographics, insurance information and most recent office notes - WE DO NOT CHARGE FACILITY FEES
PATIENT IS BEING REFERRED FOR:

Approved Indications:

☐ Diabetic wounds of the lower extremities in patients with a wound classification of Wagner grade III or higher, who have failed an adequate course of standard wound therapy
☐ Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management
☐ Delayed radiation injury (*osteoradionecrosis, soft tissue radionecrosis, hemorrhagic cystitis, radiation proctitis*)
☐ Compromised skin grafts and flaps
☐ Acute arterial insufficiency (*including central retinal artery occlusion*)
☐ Idiopathic sudden sensorineural hearing loss
☐ Carbon monoxide poisoning and cyanide poisoning
☐ Decompression illness
☐ Air or gas embolism
☐ Gas gangrene (*clostridial myositis and myonecrosis*)
☐ Progressive necrotizing soft tissue infections, necrotizing fasciitis
☐ Acute traumatic peripheral ischemia (*crush injuries*)
☐ Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment
☐ Intracranial abscess
☐ Severe anemia with exceptional blood loss (*only when blood transfusion is impossible or must be delayed*)

☐ Other:  ____________________________________________________________

Notes:  ____________________________________________________________

Additional Information (*Please send if this information is available)*:
• Current history and physical/most recent office notes
• List of current medications, implantable devices, dressings and wound care
• Recent lab/culture results, chest X-ray, radiology reports, EKG, vascular studies