



# HyperHeal

## Wound Care & Hyperbarics

Cockeysville | Glen Burnie | Rosedale | Towson  
Westminster | Abingdon-Bel Air | Pikesville

P 410 433 4300  
F 410 832 3119  
www.HyperHeal.com



Patient Name: \_\_\_\_\_ Patient Insurance: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Patient Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Name / Address: \_\_\_\_\_

Reason for Referral:  **Wound Care**  **Hyperbaric Consult**  **Dietician/Nutritionist Consult**  
(Check all that apply) (See Back Page)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Arterial Ulcer      | <input type="checkbox"/> Malignant Ulcer            | <input type="checkbox"/> Pressure Ulcer                             | <input type="checkbox"/> Radionecrosis Ulcer |
| <input type="checkbox"/> Venous Ulcer        | <input type="checkbox"/> Neuropathic Ulcer          | <input type="checkbox"/> Surgical Ulcer<br>(Compromised Graft/Flap) | <input type="checkbox"/> Infected Ulcer      |
| <input type="checkbox"/> Diabetic Foot Ulcer | <input type="checkbox"/> Non Healing Surgical Wound | <input type="checkbox"/> Traumatic Ulcer                            | <input type="checkbox"/> Inflammatory Ulcer  |
| <input type="checkbox"/> Osteomyelitis       |   |   | <input type="checkbox"/> Burn Wound          |
| <input type="checkbox"/> Other _____         |   |   |  |

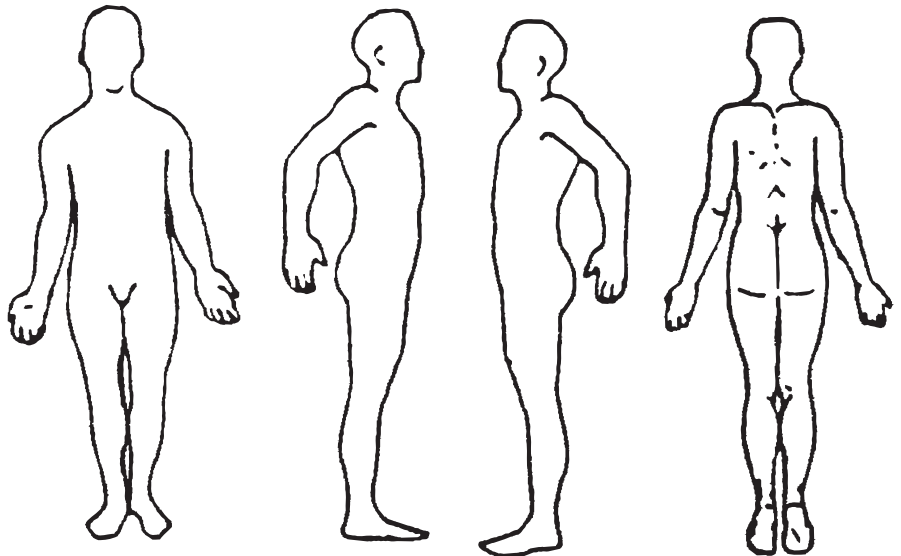
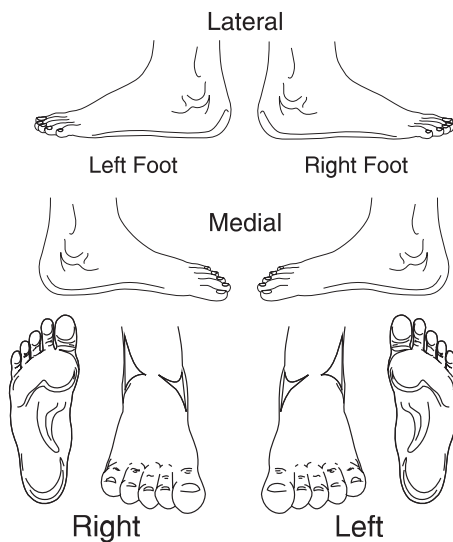
Onset Date: \_\_\_/\_\_\_/\_\_\_ Size/Duration of the Wound: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Email: \_\_\_\_\_

(Signature)

Please Indicate Wound Location(s)



**Please send patient demographics, insurance information and most recent office notes - WE DO NOT CHARGE FACILITY FEES**

10540 York Road • Suite H • **Cockeysville**, MD 21030  
 1811 Crain Highway, South • Suite B • **Glen Burnie**, MD 21061  
 9411 Philadelphia Road • Suite F • **Rosedale**, MD 21237  
 7600 Osler Drive • Suite 305 • **Towson**, MD 21204  
 826 Washington Road • Suite 203 • **Westminster**, MD 21157  
 3401 Box Hill Corporate Center Drive • Suite 204 • **Abingdon**, MD 21009  
 1838 Greene Tree Road • Suite 325 • **Pikesville**, MD 21208

**\*Hyperbaric oxygen treatment is performed in Rosedale, Cockeysville and Glen Burnie\***

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 Thomas J. Gilbert III, DO, *Medical Director*  
 Peter G. Allinson, MD, *Medical Director*  
 Adam Silverman, DPM, *Medical Director*

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### 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

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