



P 817.337.6604
F 817.337.6866
www.R3Healing.com

WOUND CARE
and **HYPERBARICS**

EVALUATE AND TREAT: *Check All That Apply*

Wound Care Management Hyperbaric Evaluation

===== PATIENT INFORMATION =====

First Name _____ Last Name _____

Phone Number _____ Insurance _____

- | | |
|--|--|
| <input type="checkbox"/> Refractory Osteomyelitis | <input type="checkbox"/> Trauma Wound/Crush Injury |
| <input type="checkbox"/> Compromised Flap/Tissue/Ortho. Device | <input type="checkbox"/> Diabetic Wound/Ulcer |
| <input type="checkbox"/> Radiation Damage/Bone/Skin/Cystitis/Proctitis | <input type="checkbox"/> Necrotizing Soft Tissue Infection |
| <input type="checkbox"/> Post Op Wound Infection | <input type="checkbox"/> Lower Extremity Ulcer (arterial/venous) |
| <input type="checkbox"/> Non-Healing Surgical Wound (30+ Days) | <input type="checkbox"/> Brown Recluse Spider Bite |
| <input type="checkbox"/> Sensorineural Hearing Loss | <input type="checkbox"/> Perianal Skin Complications (IBD) |
| <input type="checkbox"/> Burns (second and third degree) | <input type="checkbox"/> Pre/Post Dental Surgery on Radiated Jaw |
| <input type="checkbox"/> Retinal Artery Occlusion | <input type="checkbox"/> Intracranial abscess |

===== REFERRING CLINIC INFORMATION =====

Referred by _____ Preferred Provider/Location _____ Date _____

Authorized Signature _____ Office Phone _____

I certify that the above treatment plan is medically necessary and the services prescribed are approved by me.

PLEASE ATTACH ALL RELEVANT MEDICAL NOTES AND MEDICAL HISTORY

- o Current History and Physical (completed within 30 days of evaluation)
- o List of Current Medications, Dressings, Wound Care, etc.
- o Recent Lab Results, Radiology Reports, EKG, Vascular Studies, Implantable Devices

===== ADDITIONAL INFORMATION =====

_____ ARTERIAL INSUFFICIENCY PVD NEUROPATHY
 _____ DIABETES SMOKER MALNUTRITION
 _____ IMMUNOSUPPRESSIVE THERAPY CONNECTIVE TISSUE D/O

FOR YOUR VISIT, please:

- Bring your insurance card and identification
- Allow 90 minutes for initial appointment
- Show up 20 minutes prior to appointment

Fort Worth
4545 Heritage Trace Pkwy
Suite 1500
Fort Worth, TX 76244

Lewisville
1720 FM 544
Suite 100
Lewisville, TX 75056

Arlington
4150N. Collins St.
Arlington, TX 76005

Flower Mound
3101 Churchill Drive
Suite 100
Flower Mound, TX 75022



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