



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 _____ 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

Wound Care Indications

•Diabetic Ulcers	•Burns	• Traumatic Wound Injury
•Neuropathic Ulcers	•Pressure Ulcers	•Ischemic Ulcers
•Venous Insufficiency	•Surgical Wounds	•Vasculitis
•Skin Tears/Peristomal Skin Irritations	•Osteomyelitis	•Wound Dehiscence

Hyperbaric Oxygen Therapy Indications

- Air or Gas Embolism
- Carbon Monoxide/ Cyanide Poisoning
- Clostridial Myositis & Myonecrosis (Gas Gangrene)
- Crush Injury, Compartment Syndrome & Other Acute Traumatic Ischemias
- Decompression Sickness
- Arterial Insufficiencies
 - Central Retinal Artery Occlusion
 - Enhancement of Healing in Selected Problem Wounds
- Severe Anemia
- Intracranial Abscess
- Necrotizing Soft Tissue Infections
- Osteomyelitis (Refractory)
- Delayed Radiation Injury (Soft Tissue and Bony Necrosis)
- Compromised Grafts and Flaps
- Acute Thermal Burn Injury
- Idiopathic Sudden Sensorineural Hearing Loss

R3 Wound Care & Hyperbarics provides premier healthcare in a boutique setting, cognizant of the need for efficiency, wellness and human kindness. Our clinics serve to reduce the demands and stress on patients through dedication to customer service, comfortable surroundings and convenience. The company provides employees the opportunity to fulfill their needs as caregivers to focus on the patient within a nurturing environment.

R3 provides excellent care by maintaining focus on the goal of Rapidly Rejuvenating patients to a full Recovery.