|        | R <sup>3</sup>  |   | F 817.337.6866<br>www.R3Healing.com  |
|--------|---|---|--|
| 44     | PERBARICS EVALUATE AND TREA   | AT: Check All T   | hat Apply  |
|        |   | ent 🗌 Hyperk  | baric Evaluation   |
| ====   | PATIENT I   | NFORMATION  |  |
| irst N | lame  | Last Name   | e  |
| hone   | Number  | Insurance _   |  |
|        | Refractory Osteomyelitis<br>Compromised Flap/Tissue/Ortho. Device<br>Radiation Damage/Bone/Skin/Cystitis/Proctitis<br>Post Op Wound Infection<br>Non-Healing Surgical Wound (30+ Days)<br>Sensorineural Hearing Loss<br>Burns (second and third degree)<br>Retinal Artery Occlusion |   | Trauma Wound/Crush Injury<br>Diabetic Wound/Ulcer<br>Necrotizing Soft Tissue Infection<br>Lower Extremity Ulcer (arterial/venous)<br>Brown Recluse Spider Bite<br>Perianal Skin Complications (IBD)<br>Pre/Post Dental Surgery on Radiated Jaw<br>Intracranial abscess |
|        | end by Preferred Provider/L<br>ized Signature   |   |  |
| certif | y that the above treatment plan is medically necessary and th<br><b>SE ATTACH ALL RELEVANT MEDICAL NOT</b><br>Current History and Physical (completed within 3<br>List of Current Medications, Dressings, Wound Ca<br>Recent Lab Results, Radiology Reports, EKG, Vas               | ne services prescri<br>TES AND MEI<br>30 days of evalu<br>are, etc. | ibed are approved by me<br>DICAL HISTORY<br>uation)  |
| :==    | ======= ADDITIONAL  | . INFORMATIO  | N ====================================   |
|        |   |   | RIAL INSUFFICIENCY  PVD  NEUROPATHY DIABETES  SMOKER  MALNUTRITION   |

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