🔵 **ILYAEV MEDICINE PLLC** *Hyperbaric Oxygen Clinic*
📍 1659 Ralph Avenue, Brooklyn, NY 11236 📞 Phone: (718) 564-9202 | 🖷 Fax: (718) 564-9204
🌐 www.OxygenClinicNY.com 📧 Email: office@oxygenclinicny.com

🔷 HBOT REFERRAL FORM

Referring Provider Information

- **Provider Name:** _____ **NPI #:** _____
- **Practice Name:** _____
- **Phone:** _____ **Fax:** _____
- **Address:** _____
- **Email (optional):** _____

Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ /____ /_____
- **Phone:** _____
- **Insurance Name & ID #:** _____
- **Diagnosis:** _____
- **ICD-10 Code(s):** _____

Reason for Referral (check all that apply):
☐ Chronic non-healing diabetic foot ulcer
☐ Post-radiation soft tissue or bone injury
☐ Osteomyelitis (refractory)
☐ Skin graft/flap at risk of failure
☐ Crush injury or traumatic ischemia
☐ Compromised wound healing
☐ Radiation proctitis or cystitis
☐ Other: _____

Additional Notes / Medical Records Attached:
☐ Yes ☐ No

Signature of Referring Provider: _____
Date: ____ /____ /_____

🖷 **Please fax completed form with any relevant medical records to (718) 228-3772**
📞 For questions, call (718) 255-9955