

 **AHAVA MEDICAL CARE P.L.L.C.** *Hyperbaric Oxygen Clinic of New York*
 1659 Ralph Avenue, Brooklyn, NY 11236  Phone: (718) 255-9955 |  Fax: (718)228-3772
 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**