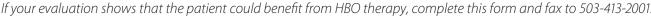
Legacy Hyperbaric Medicine Center

Patient Referral Form

Legacy Hyperbaric Medicine Center 3001 N. Gantenbein Ave. • Portland, OR 97210

Phone: 503-413-1300 • Fax: 503-413-2001



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LEGACY H E A L T H	

your evaluation shows that the patient cou	uld benefit from HBO therapy, complete thi	is form and fax to 503-413-2001.	
Reason for referral			
 □ Acute carbon monoxide poisoning (T58.8XA–T58.94XA) □ Acute peripheral arterial insufficiency (I77.1) □ Acute traumatic peripheral ischemia (I73.9) □ Acute traumatic peripheral ischemia (upper leg) (S75.009A) □ Acute traumatic peripheral ischemia (upper leg) (S85.009A) □ Central venous retinal occlusion (H34.10–H34.819) □ Crushing injury (S47.1XXA–S97.122A) □ Cyanide poisoning (T65.0X1A–T65.0X4S) □ Decompression illness (T30.3XXA–T3XXS) 	 □ Embolism and thrombosis of arteries (upper/lower extremities, iliac artery) Acute peripheral arterial insufficiency (lower extremity) (l74.2–l74.9) □ Gas gangrene (A48.0) □ Gas embolism (T79.0XXA) □ Gas embolism injection/infusion (T80.0XXA) □ Hemorrhagic cystitis (N30.90) □ Hip and thigh crush injury (S77.11XA/S77.12XA) □ Ischemic optic neuropathy (H47.09) □ Inflammatory conditions of jaws (M27.2-M27.8) □ Late effects of crush injuries (T87.0X9/T87.1X9) 	□ Osteomyelitis □ Chronic (M86.30–M86.69) □ Other (M86.8X0–M86.8X9) □ Progressive necrotizing fasciitis (M72.6) □ Preservation of compromised skin grafts (T86.820–T86.829) □ Radiation proctitis (K52.0) □ Radiation cystitis (N30.40–N30.41) □ Soft tissue radionecrosis (L59.9) □ Diabetic ulcer of foot Other services □ TCPO2 (93923) □ LUNA fluorescence angiography	
Patient information			
	Say □ Mala □ For	nala DOP	
Name		State Zip	
		/work	
Email		,, worky	
Insurance information			
	Effective date		
Policy number	Group number		
Clinical information			
Clinical history relevant to this referral			
Past medical history			
Desired goals			
Jesned godis			
Referring physician			
Name	Phone		
Email	Fax		