UCLA Health

MRN:
Patient Name:

(Patient Label)

PATIENT REFERRAL FORM
Hyperbaric Medicine

If your evaluation shows that the patient could benefit from HBO Therapy, please complete the form below and send via fax (310) 267-1542.

REASON FOR REFERRAL

- ☐ Actinomycosis (Cutaneous) (A42.89)
- ☐ Actinomycosis (Unspec. Site) (A42.9)
- ☐ 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 (Lower 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)
- ☐ Diabetes/Diabetic
  - ☐ Diabetes Mellitus due to Underlying Conditions (E08- E08.9)
  - ☐ Type 1 – Diabetes Mellitus – (E10 – E10.9)
  - ☐ Type 2 – Diabetes mellitus – (E11 – E11.9)
  - ☐ Other spec. diabetes mellitus – (E13- E13.9)
- ☐ Embolism and Thrombosis of Arteries (upper/lower extremities, iliac artery) Acute Peripheral Arterial Insufficiency (Lower Extremity) (I74.2-I74.9)
- ☐ Gas Gangrene (A48.0)
- ☐ Gas Embolism (T79.0XXA)
- ☐ Gas Embolism Inj / Infusion (T80.0XXA)
- ☐ Hemorrhagic Cystitis (N30.90)
- ☐ Hip & Thigh Crush Inj. (S77.11XA/S77.12XA)
- ☐ Ischemic Optic Neuropathy (H47.09)
- ☐ Inflammatory Conditions of Jaws (M27.2)
- ☐ Late Effects of Crush Injuries (T87.0X9/T87.1X9)
- ☐ Local Infection of Skin & Subcutaneous Tissue (L08.9)
- ☐ Osteomyelitis
  - ☐ Chronic (M86.30-M86.69)
  - ☐ Other (M86.8X0—M86.8X9)
  - ☐ Unspecified (M86.9)
- ☐ Other/Unspec. Effects of High Alt (T70.20XA/T70.29XA)
- ☐ Progressive Necrotizing Fasciitis (M72.6)
- ☐ Prep/Preser of Compromised Skin Grafts (T86.820-T86.829)
- ☐ Pyoderma Gangrenosum (L88)
- ☐ Radiation Proctitis (K52.0)
- ☐ Radiation Cystitis (N30.40-N30.41)
- ☐ Sensorineural Hearing Loss (H90.3/H90.41-H90.42/H90.5)
- ☐ Skin Ulcer (L98.499)
- ☐ Soft Tissue Radionecrosis (L59.8-L59.9)
- ☐ Soft Tissue Disorder, Unspecified (M79.9)
- ☐ Ulcer of Lower Limb
  - ☐ Lower Limb Unspec. (L97.911-L97.924)
  - ☐ Other Part of Lower Limb (I70.231- 170.9)
- ☐ Unspecified Open Wound (S81.009A/S81.809A/S91.009A)
- ☐ Unlisted (Please Specify with ICD10 Code)

Other services:
- ☐ TCPO2 (93923/93923)
- ☐ Dive Physical (Z00.8)

PATIENT INFORMATION

Name:	**Sex**: ☐Male ☐ Female	**SSN**:	**Date of Birth**:
Address (Street, City, State, Zip Code):			
Home Phone:	**Work Phone**:	**Cell Phone**:	**E-mail**:

INSURANCE INFORMATION

Insurance Name:	**Policy Number**:	**Group Number**:	**Effective Date**:

CLINICAL INFORMATION

Clinical history relevant to this referral:

Past Medical History:

Desired Goals:

Referring Physician:	**Phone**:	**Fax**:	**E-mail**:

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