Center for Wound Healing & Hyperbarics
Referral Request

SWEDISH
Edmonds

Thank you for referring your patient. Please provide the following information AND **pertinent medical records** so that we may schedule your patient.

PATIENT INFORMATION

Last Name:	First:	MI:
Date of Birth:	Gender: ☐ Male ☐ Female	
Address:		
Phone:		
☐ Interpreter Needed	Language:	
Insurance Information: Carrier:	ID Number:	

REFERRING PROVIDER / PCP

Name:	NPI:
Institution/Agency:	
Address:	Phone:
	Fax:
☐ I would like copies of all dictations ☐ I would like monthly updates via ☐ email / ☐ mail ☐ I would like to be involved in the treatment plan	
☐ Records Sent	☐ Records available in Soarian HIM

REASON FOR REFERRAL

Reason for request; include diagnosis:

☐ Evaluation for Hyperbaric Oxygen Therapy

HBO heals wounds and injuries by creating new blood vessels, reducing hypoxia, creating hyper oxygenation followed by a drastic drop stimulating the healing cascade, potentiating antibiotics/ suppressing toxins and boosting the immune system to fight infections.

The following conditions can be treated in our HBO program:

- Certain Diabetic Foot Wounds
- Failing Flaps and Grafts
- Chronic Refractory Osteomyelitis
- Soft Tissue Radionecrosis
- Osteo Radionecrosis

PROVIDER SIGNATURE:

Please Fax to 425-673-3382

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