RevitalizeMe

Hyperbaric Oxygen Therapy & Advanced Wound Care

3200 Cabaret Trail S. Suite 3 | Saginaw, MI 48603
PHONE: (989) 320 - 4434 FAX: (989) 256 - 0507
connect@revitalizemehbot.com | HyperbaricWoundCare.com

CLINICAL REFERRAL FORM

We handle prior authorization, insurance verifications, & scheduling.

Same-week appointments available.

REFERRING PROVIDER

PROVIDER NAME _____ SPECIALTY _____ PRACTICE NAME/PHONE _____

PATIENT INFORMATION

PATIENT NAME _____ DATE OF BIRTH _____ PHONE NUMBER _____

INSURANCE (PRIMARY) _____ INSURANCE (SECONDARY) _____ MEMBER ID _____

REFERRAL URGENCY

- ◯ **URGENT** Within 48-72 hours
- ◯ **ASAP** Within 1 Week
- ◯ **ROUTINE** Within 2-3 weeks

REASON FOR REFERRAL - HBOT INDICATION

FDA/CMS Approved · UHMS Recognized · Most Private Payor Coverage

- ☐ Actinomycosis
- ☐ Acute Crush Injuries
- ☐ Acute Thermal Burns
- ☐ Acute Traumatic Ischemia
- ☐ Avascular Necrosis
- ☐ Chronic Refractory Osteomyelitis
- ☐ Compromised Skin Grafts or Flaps
- ☐ Delayed Radiation Injury (Soft Tissue)
- ☐ Diabetic Foot Ulcer (Wagner Grade 3+)
- ☐ Gas Gangrene (Clostridial Myonecrosis)
- ☐ Necrotizing Soft Tissue Infections
- ☐ Osteoradionecrosis (ORN) of Jaw
- ☐ Radiation Cystitis (Hemorrhagic)
- ☐ Radiation Proctitis
- ☐ Sudden Sensorineural Hearing Loss
- ☐ Other: _____

REASON FOR REFERRAL - WOUND CARE

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CLINICAL INFORMATION

PRIMARY DIAGNOSIS / ICD-10 _____

SECONDARY DIAGNOSIS / ICD-10 _____

RELEVANT CLINICAL HISTORY & NOTES (WOUND DURATION, PRIOR TREATMENTS, VASCULAR STATUS, ETC.)

Fax completed form to: (989) 256-0507

Questions? Call (989) 320-4434 or email connect@RevitalizeMehbot.com