



Holistic Hyperbarics is open every day of the week.

Hours:

Monday & Tuesday: 10 am - 6 pm
Wednesday through Friday: 9 am - 9 pm
Saturday & Sunday: 10 am - 6 pm

Clinic location:

Holistic Hyperbarics, Inc.
5900 Hollis Street, Suite J
Emeryville, California 94608

Phone:

510-648-9496

Fax (HIPAA compliant):

510-543-2662

Email:

referrals@hh-usa.com

Conditions treated include:

Actinomycosis
Carbon Monoxide Poisoning
Radionecrosis
Diabetic Wounds
Intracranial Abscesses
Necrotizing Soft Tissue
Refractory Osteomyelitis
Severe Anemia
Bone Graft
Burns and Lacerations
Chemical Poisoning
Concussion
Covid and Long Covid
Crohn's Disease
Fertility Support
Fibromyalgia
Filler Occlusions
ISSHL
Lyme Disease
ME/CFS
Migraine
Mold Exposure
Surgery Recovery

There are many more conditions that respond well to HBOT. Contact us to find out more information!

Please call us with any questions at
510-648-9496
Holistic Hyperbarics, Inc.

Phone: 510-648-9496 • Fax: 510-543-2662 • referrals@hh-usa.com

Patient Referral Form for Hyperbaric Oxygen Therapy (HBOT)

to be submitted by the referring physician to Holistic Hyperbarics Inc.

PATIENT INFORMATION

Date of referral: _____ / _____ / _____

Patient Name: _____

Patient Phone: (_____) _____ - _____

Patient Date of Birth: _____ / _____ / _____

- | | | |
|---|-----|----|
| ? Patient has hypertension | YES | NO |
| ? Patient has diabetes mellitus | YES | NO |
| ? Patient is a United States Military Veteran | YES | NO |

DIAGNOSIS(ES) and ICD-10 CODES ARE REQUIRED:

- | | |
|--|-------------------|
| <input type="checkbox"/> Diabetic non-healing wound | ICD-10 code _____ |
| <input type="checkbox"/> Soft tissue radionecrosis | ICD-10 code _____ |
| <input type="checkbox"/> Osteoradionecrosis | ICD-10 code _____ |
| <input type="checkbox"/> Refractory osteomyelitis | ICD-10 code _____ |
| <input type="checkbox"/> Necrotizing soft tissue infection | ICD-10 code _____ |
| <input type="checkbox"/> Sudden hearing loss (ISSHL) | ICD-10 code _____ |
| <input type="checkbox"/> Concussion or TBI | ICD-10 code _____ |
| <input type="checkbox"/> Other: _____ | ICD-10 code _____ |

PATIENT CLEARED FOR HYPERBARIC OXYGEN THERAPY BY PROVIDER:

- | | |
|---|---|
| <input type="checkbox"/> Patient's ears are clear | <input type="checkbox"/> Patient's chest is clear |
| <input type="checkbox"/> Patient does not have a Pneumothorax or known lung issue | |
| <input type="checkbox"/> Patient does not have a known contraindication for HBOT | |
| <input type="checkbox"/> 90 min or <input type="checkbox"/> 60 min sessions? | ATA: _____ PSI: _____ |
| # of Tx: _____ | # days / week: _____ Air breaks: _____ |

I have discussed the benefits and risks of Hyperbaric Oxygen Therapy with my patient. Patient is approved for HBOT per protocol. Comments _____

PHYSICIAN'S SIGNATURE: *Required* _____

Print Provider's Name: _____

NPI #: _____ License #: _____

Phone: _____ Fax: _____

Email: _____

Send this form and the patient's medical chart and notes to:
Fax (HIPAA compliant): 510-543-2662 • Email: referrals@hh-usa.com