



Since 1998

Clinic location:

14589 S Bascom Ave
Los Gatos, CA 95032

Call (408) 356-7438

Fax (408) 356-7491

Email Referral@OxygenHeals.com

Bay Area Hyperbarics.com

Medical Director

Jeffrey Kaplan, MD, FACS

Clinic Director

Lisa St. John

Nurse Practitioner

Mechel Sharble, NP-BC

Clinic Coordinator

David Roberts, CHT

Director of Patient Care

Julia Christensen, BSN, RN

Sen Director of Patient Care

Laura Jean, BSN, RN

Hyperbaric Technicians

James Ngo, EMT

Mason Borreson, EMT

Conditions reimbursable by insurance:

- Osteoradionecrosis
Soft tissue radionecrosis
Diabetic wound of the lower extremities, Wagner grade III or higher
Progressive necrotizing infections
Chronic refractory osteomyelitis
Acute peripheral arterial insufficiency
Preservation of skin grafts and flaps
Crush injuries and suturing of severed limbs
Actinomycosis
Sudden hearing loss
And many others depending on the insurance company

Many other diagnoses and conditions are treatable with Hyperbaric Oxygen Therapy (HBOT). Call us to find out more!

Patient Referral Form for Hyperbaric Oxygen Therapy (HBOT)

to be submitted by the referring physician to BAH - HCPCS G0277

Date of referral: / /

Patient's name: _____

Patient's phone: () DOB: month / day / year

PRESCRIPTION and ICD-10 CODES ARE REQUIRED FOR THE PATIENT:

PATIENT'S DIAGNOSIS(ES)

ICD-10 code is REQUIRED:

- Diabetic non-healing wound
Soft tissue radionecrosis
Osteoradionecrosis
Chronic refractory osteomyelitis
Progressive necrotizing infections
Sudden or acoustic hearing loss or deafness
Post-concussional syndrome or TBI
Other, specify: _____

PATIENT'S CLEARANCE FOR HYPERBARIC OXYGEN THERAPY BY PROVIDER:

- ✓ Patient's ears are clear
✓ Patient's chest is clear
✓ Patient does not have a Pneumothorax or known lung issue
✓ Patient does not have a known contraindication for HBOT

ATA: PSI:

Minutes in HBOT chamber: 90 min or 60 min

of treatments: # days per 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 _____

REFERRING PHYSICIAN'S SIGNATURE:

Required

Print provider's name: _____

NPI #: License #:

Phone: () Fax: ()

Email: _____

Email or fax this Patient Referral Form and medical chart notes to:

Fax: (408) 356-7491

Email: Referral@OxygenHeals.com

Clinic phone: (408) 356-7438 direct

Julia Christensen, RN (669) 233-9699

David Roberts, CHT (650) 304-8939

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