

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/Founder

Lisa St. John

Clinic Coordinator & Safety Director

David Roberts

Senior Medical Billing Specialist

Charlene Phay

Business Development Associate

James Ngo, MPH, EMT

Conditions Treated:

- 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
- Post-surgical healing
- Sudden hearing loss
- Concussion/TBI
- Lyme Disease
- Post-COVID
- Stroke

Many other diagnoses and conditions are treatable with Hyperbaric Oxygen Therapy (HBOT).

Call us to find out more!

Bay Area Hyperbarics is open on weekends. Our clinic hours are:

Monday through Friday 6:00 AM to 8:00 PM

Saturday and Sunday 8:00 AM to 4:00 PM

Patient Referral Form for Hyperbaric Oxygen Therapy (HBOT)

to be submitted by the referring physician to BAH. HCPCS G0277 and CPT 99183

Date of referral: ____/____/____

Patient's name: _____

Patient's phone: (____) _____ **DOB:** ____/____/____

- ☐ Is this patient a United States Veteran?
- ☐ Does this patient have hypertension?
- ☐ Does this patient have diabetes mellitus?

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 _____
- ☐ 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: _____

Send this form and the patient's medical chart notes to:

Fax: (408) 356-7491

Email: Referral@OxygenHeals.com

Please call us with any questions. Clinic phone: (408) 356-7438