



SOUTHERN OREGON HBOT
1663 WILLIAMS HIGHWAY
GRANTS PASS, OREGON 97527
P - 541.479.1289 F - 888.640.1719

Physician's Prescription / Referral for Hyperbaric Oxygen Therapy

Date: _____

From Doctor: _____ Patient Name: _____

Phone: _____ Fax: _____

DX: _____

**** PLEASE SEND ALL CHART NOTES WITH REFERRAL ****

Insurance: _____ Phone: _____

Group #: _____ Member ID: _____

Claim #: _____

Diagnosis Code(s):

1. _____
2. _____
3. _____
4. _____
5. _____

Total Number of Recommended Sessions: _____

Number of Time per Week: _____

Additional Treatment Notes: _____

Physician's Signature: _____ License #: _____