

PATIENT REFERRAL



Hyperbaric Health Services St Augustine
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HYPERBARIC & ADVANCED WOUND CARE REFERRAL

We are pleased to assist in the care of your patient. Please provide the information below to aid in the most efficient processing of your referral. Hyperbaric Health Services provides care coordination of both hyperbaric oxygen therapy services as well as advanced wound care through our in-house collaborator, Express Family Care, and our wound care providers. We will provide continuous updates while your patient is treating with us and we will provide patient care to the extent you request. **John C. Milanick, MD NPI #1295704286**

REASON FOR REFERRAL

Hyperbaric Oxygen Therapy Only Hyperbaric Oxygen Therapy & Wound Care Wound Care Only

REFERRING PHYSICIAN INFORMATION

Name	NPI#	Phone
Address	Fax	

PATIENT INFORMATION

First Name	Middle Name	Last Name
Date of Birth	Age	Phone

DIAGNOSIS

INSURANCE INFORMATION

Primary Insurance	Member ID	Member Name	Member Birth Date
Secondary Insurance	Member ID	Member Name	Member Birth Date

PLEASE INCLUDE ALL AVAILABLE DOCUMENTATION

Face Sheet
History & Physical
Medication List
Insurance Card

Labs
Wound Cultures/Bone Biopsy
Imaging Reports
Vascular Study

Original Diagnosis & Date
Radiation Dose & Dates
Prior Hyperbaric Notes
Other pertinent Information

CERTIFICATION

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REFERRING PHYSICIAN SIGNATURE

DATE

BEST TIME FOR CONSULT :

DAY OF THE WEEK

AM

PM