

IOWA HBOT

CENTRAL IOWA'S HYPERBARIC DESTINATION

Referring Physician: _____

NPI: _____ Patient: _____

Diagnosis: _____

Referring for:

Evaluation and Treatment

Hyperbaric Oxygen Treatments

Please circle prescribed pressure: 1.3 1.5 2.0 2.2 2.5 TBD

100% Oxygen during treatments: Yes or No

Total Number of treatments: _____ or TBD

Frequency: _____ times a week for _____ weeks or TBD

Comments:

IOWA HBOT

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