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**Physician's HBOT Order / Prescription Form**

IMPORTANT! THIS FORM MUST BE FILLED BY AN MD OR DO WHO IS LICENSED IN THE STATE OF COLORADO TO PRESCRIBE HYPERBARIC OXYGEN THERAPY (HBOT). THIS FORM MUST BE SUBMITTED VIA FAX OR EMAIL. I confirm that Mr./Mrs./Ms is medically fit for Hyperbaric treatment. **Please attach H&P, labs, CXR, and any relevant data.**

Patient Name	
Date of Birth	
Phone Number	

**Prescription**

Indication	
Time	
Pressure	
Air Breaks	
Total # of Treatments	

**Practitioner Information**

Prescribing Practitioner	
NPI #	
Phone Number	
Fax Number	
Signature	

# **Contraindications**

Please be aware that contraindications to the use of HBOT include:

- ***Cold or allergy symptoms / Fever / Upper Respiratory Infection***
- ***Sinus Infection (pain in ear or sinus)***
- ***Barotrauma***
- ***Pregnancy***
- ***Inability to equalize middle ear pressure***
- ***Meniere's Disease***
- ***Uncontrolled hypertension***
- ***Anemia, polycythemia, or other blood disease***
- ***Implanted medical device- (need to be cleared with provider ordering the HBOT)***
- ***COPD, Asthma, Epilepsy***
- ***Recent eye surgery***
- ***History of spontaneous pneumothorax***
- ***Tension pneumothorax / cerebral air embolism***
- ***Are taking Doxorubicin (Adriamycin), Bleomycin, Disulfiram, Cisplatin, Mafenide***
- ***Hemochromatosis***
- ***Hereditary Spherocytosis, Sickle Cell Anemia***
- ***PICC line or port***
- ***Uncontrolled seizures***

**\*We do not accept insurance, however we can provide a superbill**