



MVS

Woundcare

& Hyperbarics
(formerly known as HyperHeal)

P 410 433 4300
F 410 832 3119
www.mvswoundcare.com



Patient Name: _____ Patient Insurance: _____ DOB: ___/___/___

Patient Address: _____ Telephone: _____

Referring Provider: _____ Telephone: _____ Fax: _____

Facility Name / Address: _____

Reason for Referral: **Wound Care** **Hyperbaric Consult** **Dietician/Nutritionist Consult**
(Check all that apply) (See Back Page)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Arterial Ulcer | <input type="checkbox"/> Malignant Ulcer | <input type="checkbox"/> Pressure Ulcer | <input type="checkbox"/> Radionecrosis Ulcer |
| <input type="checkbox"/> Venous Ulcer | <input type="checkbox"/> Neuropathic Ulcer | <input type="checkbox"/> Surgical Ulcer
(Compromised Graft/Flap) | <input type="checkbox"/> Infected Ulcer |
| <input type="checkbox"/> Diabetic Foot Ulcer | <input type="checkbox"/> Non Healing Surgical Wound | <input type="checkbox"/> Traumatic Ulcer | <input type="checkbox"/> Inflammatory Ulcer |
| <input type="checkbox"/> Osteomyelitis | | | <input type="checkbox"/> Burn Wound |
| <input type="checkbox"/> Other _____ | | | |

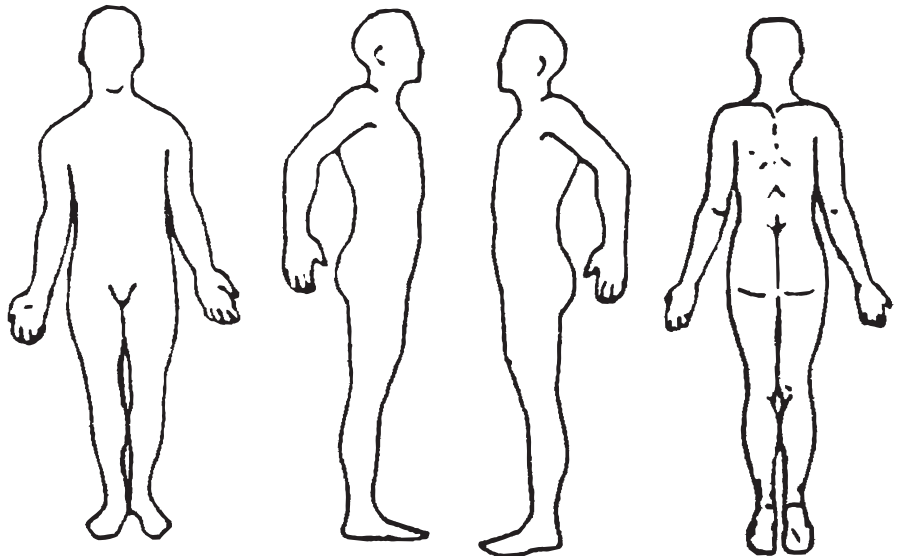
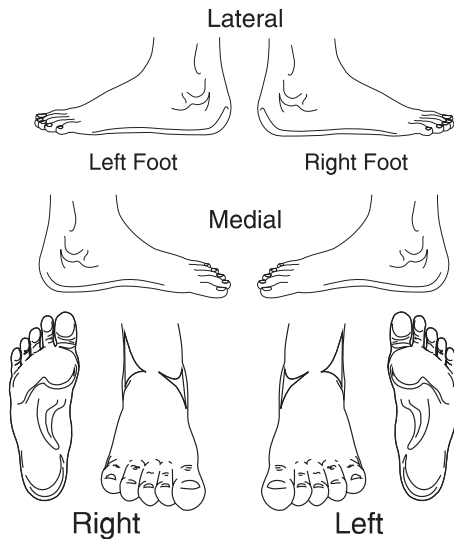
Onset Date: ___/___/___ Size/Duration of the Wound: _____

Additional Information: _____

Referring Provider: _____ Email: _____

(Signature)

Please Indicate Wound Location(s)



Please send patient demographics, insurance information and most recent office notes - **WE DO NOT CHARGE FACILITY FEES**

10540 York Road • Suite H • **Cockeysville**, MD 21030
 1811 Crain Highway, South • Suite B • **Glen Burnie**, MD 21061
 9411 Philadelphia Road • Suite F • **Rosedale**, MD 21237
 7600 Osler Drive • Suite 305 • **Towson**, MD 21204
 826 Washington Road • Suite 203 • **Westminster**, MD 21157
 3401 Box Hill Corporate Center Drive • Suite 204 • **Abingdon**, MD 21009
 1838 Greene Tree Road • Suite 325 • **Pikesville**, MD 21208

Hyperbaric oxygen treatment is performed in Rosedale, Cockeysville and Glen Burnie

Ziad K. Mirza, MD, *Chief Medical Officer*
 Thomas J. Gilbert III, DO, *Medical Director*
 Richard J. Franklin, MD, *Medical Director*
 Adam Silverman, DPM, *Medical Director*

Martha Raymundo, MD	David P. Coll, MD
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Robert S. Baxt, MD	Melissa Santini, RDN, CDE
Dang H. Vu, DPM	Ravi Aloor, MD
Joseph Orlando, MD	Alfonso Zalduondo, MD

PATIENT IS BEING REFERRED FOR:

Approved Indications:

- Diabetic wounds of the lower extremities in patients with a wound classification of Wagner grade III or higher, who have failed an adequate course of standard wound therapy
- Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management
- Delayed radiation injury (*osteoradionecrosis, soft tissue radionecrosis, hemorrhagic cystitis, radiation proctitis*)
- Compromised skin grafts and flaps
- Acute arterial insufficiency (*including central retinal artery occlusion*)
- Idiopathic sudden sensorineural hearing loss
- Carbon monoxide poisoning and cyanide poisoning
- Decompression illness
- Air or gas embolism
- Gas gangrene (*clostridial myositis and myonecrosis*)
- Progressive necrotizing soft tissue infections, necrotizing fasciitis
- Acute traumatic peripheral ischemia (*crush injuries*)
- Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment
- Intracranial abscess
- Severe anemia with exceptional blood loss (*only when blood transfusion is impossible or must be delayed*)

Other: _____

Notes: _____

Additional Information (*Please send if this information is available*):

- Current history and physical/most recent office notes
- List of current medications, implantable devices, dressings and wound care
- Recent lab/culture results, chest X-ray, radiology reports, EKG, vascular studies