



Hyperbaric Oxygen Therapy Treatment Recommendation

IMPORTANT! This form must be filled out by an MD, ND, DO, DC or any other practitioner who is licensed to recommend Hyperbaric Oxygen Therapy (HBOT).

Patient Name: _____ DOB _____

I am willing to confirm that _____ is fit to be inside a Hyperbaric Chamber and approved for 'typical hyperbaric program' which consists of 60–90-minute sessions at 1.3-2.4 ATA one to two times daily (minimum of 4 hours apart) until their individualized & recommended hyperbaric protocol is completed.

Suggested Treatment Protocol:

My patient is using hyperbarics for the treatment of: _____

I recommend hyperbaric oxygen therapy treatment at:

1.3 ATA 1.5 ATA 1.75 ATA 2.0 ATA 2.2 ATA 2.4 ATA

For the duration of:

60 minutes 90 minutes Once Daily Twice Daily

Treatments Per Week:

3 Days/Week 5 Days/week 7 Days/Week _____ Days/Week

Treatment Supervision:

At Home In-Clinic

Recommended Sessions before re-evaluation: _____

The prescriber & their affiliates only use and recommend the use of FDA 510(k) Cleared devices whether it is for in-clinic use, rental, or purchase.

Physician/Practitioner Name

Physician/Practitioner Signature

Date Signed

Physician/Practitioner Phone Number