HYPERBARIC SERIES / PHYSICIAN'S ORDERS

Patient Name _____ MR # _____

Diagnosis (1st) _____ Acct # _____

Diagnosis (2nd) _____ HBOT Physician _____

Diagnosis (3rd) _____ Attending Physician _____

HYPERBARIC OXYGEN THERAPY

Date _____

Treatment Pressure _____

Time at Pressure (min) _____

Frequency of Treatment _____

Number of Treatments

DISCHARGE

Date _____

Outcome _____

Outcome Comments _____

_____

_____ _____

Physician Signature Date

CHANGES IN HYPERBARIC MEDICINE ORDERS

DATE	CHANGE	M.D. SIGNATURE	TECH. INIT.