



Southern Oregon Wellness Clinic

Hyperbaric Oxygen Therapy

547 E Pine Street Central Point, OR 97502

(541)973-2551

<https://www.reedmedicalcenter.com/>

PHYSICIAN/PRACTITIONER STATEMENT

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

Patient/Client Name: _____ Date of Birth: _____

I am willing to confirm that Mr./Mrs./MS. _____

At phone number (_____) is fit to be inside a Hyperbaric Chamber and approved for HBOT sessions, consisting of 60-minute sessions, one to two times daily (minimum of 3-4 hours apart), for the prescribed number of total treatments. Additional oxygen via 100% medical grade gas supplier, may be used by facial mask or hood. Not to exceed 10 lpm or 14 lpm, respectively.

PLEASE SELECT ONE OF THE FOLLOWING:

My patient/ client has been diagnosed with _____ and I recommend:

HBOT at _____ ATA for a total of _____ sessions. Air Breaks _____

Additional Comments:

Practitioner's Name: _____ Date Signed: _____

Practitioner's Signature: _____ Practitioner's Phone: _____

Practitioner's Address: _____

Practitioner's Stamp/License #
