

Patient Information and Physician Order Sheet

Pulmonary Services

Patient Name: _____ **Patient DOB:** _____

Appt. Date: _____ **Arrival Time:** _____ **Procedure Time:** _____

Diagnosis (ICD Code Required): _____

Atmospheres (atm): _____

Duration of each Treatment: _____ minutes

Number of Treatments: _____ Daily ____ or M-F ____

Ordering Physician (Signature): _____

(Printed): _____

(Date): _____ (Time): _____

Procedure Scheduled: **HYBERBARIC TREATMENTS**

About your procedure: Before the first treatment, and for the duration of the sessions, you **MUST** quit smoking. Make-up, hair spray, and jewelry cannot be worn in the chamber. If you have any questions, please call 647-7318.

How to find us: When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital to the rear of the Information Desk. From there, you will be directed to the Hyperbaric Chamber in the Wound Care Center.