RestO2re
Hyperbaric Oxygen and Medical Centre

Restore Hyperbaric Oxygen and Medical Centre
1000 Middlegate Road, Suite 105
Mississauga, ON L4Y 1M3
Tel: (905) 848 - 0202
Fax: (905) 273 - 9800
contact@restorehyperbarics.ca
www.restorehyperbarics.ca

Patient Information

Name _____ DOB _____
first middle last dd/mm/yyyy

Phone Numbers _____ _____ _____
home cell work

OHIP _____ WSIB _____ Sex: ☐M ☐F ☐Other

Referring Physician

Name _____ Signature _____

Billing Number _____ CPSO Number _____

Reason for Referral

Hyperbaric Oxygen Therapy

- ☐ Non-Healing Wound
  - ☐ Diabetic Foot Ulcer
  - ☐ Peri-Anal Fistula
  - ☐ Other: _____
- ☐ Radiation Injury
  - ☐ Radiation Proctitis/Enteritis
  - ☐ Radiation Cystitis
  - ☐ Osteoradionecrosis
  - ☐ Other: _____
- ☐ Acute Ischemia (Filler Injection)
- ☐ Sudden Hearing Loss (ISSHL)
  - Diagnosis Date: _____
  - Corticosteroid therapy started:
    - ☐ Yes
    - ☐ No
- ☐ Compromised Flaps / Grafts
- ☐ Osteomyelitis
- ☐ Burn/Thermal Injury
- ☐ Exceptional Anemia
- ☐ Other: _____

Medical Services

- ☐ Ketamine IV Infusion
- ☐ Nasal Ketamine (Esketamine)

Additional Information

If any of the following reports are available, please attach to the referral:

Chest X-rays	Past Medical History	ECG	Recent Bloodwork
Echocardiogram	Current Medications	PFT's	MRI

Fax to (905) 273 – 9800

NOTE - Referrals can be made online at https://restore.inputhealth.com/ereferral