



Hyperbaric NorthWest  
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## PHYSICIAN STATEMENT

**IMPORTANT! THIS FORM MUST BE FILLED OUT BY AN MD, NP, DMD, DDS or DO.**

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ is fit to be inside a Mild Hyperbaric Oxygen Chamber and approved for a "typical hyperbaric program" which consists of a series of approximately 60 minute sessions at 1.3 ATA one to two times daily (minimum of 4 hours apart). The number of sessions is to be determined according to the indication for the use of mild hyperbaric oxygen. Supplemental oxygen via a concentrator may be used utilizing a facial mask or cannula, within the limits of 4 lpm to 9 lpm.

**PLEASE SELECT ONE OF THE FOLLOWING:**

- My patient wishes to use Mild-Hyperbaric Oxygen Therapy (MHBOT) for general health & wellness.
- My patient has been diagnosed with \_\_\_\_\_ and I recommend mild hyperbaric oxygen therapy.

**Additional Comments:**

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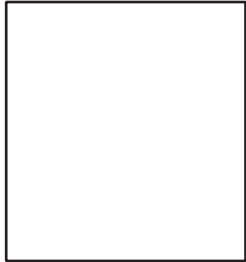
Practitioner's Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_

Practitioner's Phone: \_\_\_\_\_

Practitioner's Address: \_\_\_\_\_



**Practitioner's Stamp/License#**