Roper Hospital-Department of Hyperbaric and Undersea Medicine
Discharge Instructions from Hyperbaric Medicine Treatment

Dear Patient,

The hyperbaric medicine physician and your doctor believe that you have achieved maximum medical benefit from your hyperbaric oxygen therapy. Please keep this form with your medical records for future reference. Your doctor will receive a dictated treatment summary for the hyperbaric physician. If you have any questions about your treatment or the diagnosis you were treated for, please call the HBO unit at 843-724-2014 to speak with a nurse or doctor. You are welcome to schedule a return visit if you feel that is necessary.

Treatment history: Your treatment diagnoses were: ________________________________

______________________________________________________________________________

You received a total of ______ HBO treatments. Your treatment pressure was____________ ATA.
Complications: _____ None

____ As listed__________________________________________________________

Outcome: ___Excellent/cured ___Good/improved ___No change ___Poor/worse ___Incomplete Rx

Follow up:

___________________________________________________________________________________

___________________________________________________________________________________

Medications: ___ Unchanged by HBO

___ New medications from HBO______________________________________________

______________________________________________________________________________

Diet and Activity: ____ Unchanged by HBO, continue as instructed by your doctor.

___ Changes as noted_________________________________________________________

Other:

______________________________________________________________________________

______________________________________________________________________________

Patient/Guardian Signature___________________________________ Date______________

Clinician Signature _________________________________________ Date______________

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