

**A. Wayne Evans, MD**  
**Hyperbaric Medicine Consultant**

**FAX Referral Form**  
**(905) 614-1688**

*Toronto*

UHN – TGH Hyperbaric Medicine Unit

200 Elizabeth St PMB G 807f Toronto ON M6P 2J4

*Mississauga*



Medical  
Oxygen  
Repair

Hyperbaric Medicine Unit

4617 Burgoyne St. Miss .ON L4W 1G3

**Patient Information**

Ref. Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB (dd/mmm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Alt \_\_\_\_\_

HCN \_\_\_\_\_

**Reason for Referral:**

Problem Wound ☐

Osteomyelitis ☐

Flap/Graft failure ☐

Delayed Radiation Soft Tissue Injury ☐ Osteoradionecrosis ☐ Acute Hearing Loss ☐ Perioperative: Y/N

Date of Onset: \_\_\_\_\_ / 1 2 3 4 5 6 Dy Wk Mo ago

Presentation \_\_\_\_\_

Underlying / Comorbidity: Immunosup/SLE/ Scler/ DM Cx: Neuro ☐ Pulm ☐ PVD ☐ Renal ☐ CAD ☐

Management to date:

Associations: Analgesia / Pain Management

Bleeding

Infection

Triage: Elective ☐ Semi - urgent ☐ Urgent ☐

**Doctor Information:**

Referring Physician: \_\_\_\_\_ Signed \_\_\_\_\_

Specialty \_\_\_\_\_ Phone: \_\_\_\_\_ OHIP# \_\_\_\_\_

***Note: Pre-treatment Requirements generally focus on cardiopulmonary status & infection, thus please provide recent CXR / ECG / spirometry / wound cultures if known.***

If any questions please call us at ph 905-614-0057 Or Toll Free 1-833-440-0202.  
info@mo2r.ca Thank you !