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_____

CPSO_____

Reason for Referral

Hyperbaric Oxygen Therapy

- ☐ Sudden Hearing Loss (ISSHL)
  - Diagnosis Date: _____
  - Corticosteroid therapy started:
    - ☐ Yes
    - ☐ No
- ☐ Compromised Flap/Graft
- ☐ Non-Healing Wound
- ☐ Delayed Radiation Injury
  - ☐ Osteoradionecrosis of Jaw
  - ☐ Other: _____
- ☐ Osteomyelitis
- ☐ Thermal/Radiation Burns
- ☐ Other: _____

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