



## Hyperbaric Services

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T/F: 1.833.440.0202

A.Wayne Evans, MD, DRCPSC (Hyperbaric Medicine)  
**Medical Director**

4619 Burgoyne Street Mississauga, ON L4W 1G3  
**Dixie/Eglinton Area**

### Patient Information

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

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

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

HCN \_\_\_\_\_

**Reason for Referral:** **Delayed Radiation Injury** Onset (date): \_\_\_\_\_ or 1 2 3 4 5 6 Dy Wk Mo ago

Cystitis ☐ Proctitis ☐ Osteoradionecrosis ☐ Ulcer ☐ Fibrosis ☐ Other \_\_\_\_\_

Primary Oncologic Dx: \_\_\_\_\_ T \_\_\_\_ N \_\_\_\_ M \_\_\_\_

Surg Rx: \_\_\_\_\_ Systemic Rx [chemo]: \_\_\_\_\_ Radiotherapy (Finish Date): \_\_\_\_\_

Presentation:

Associations: Analgesia / Pain Management Bleeding /transfusion Infection

RLE Management to date: Adjunctive Rx:

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 (416) 444-0202 or Toll Free 1-833-440-0202  
info@mo2r.ca Thank you !