Waitemata District Health Board
Best Care for Everyone

Slark Hyperbaric Unit
Waitemata District Health Board
PO Box 32051
Devonport
Auckland 0744
Phone: 64 (09) 4872212

REFERRAL FORM FOR HYPERBARIC TREATMENT

Patient Name: **NHI:** **D.O.B**

Address: **Pt Contact phone numbers:**

Referring consultant :
Contact number :

Reason for referral:

Current medications:

Any known drug allergies:

Date of recent chest x-ray (insp AND exp): The patient will need to have had a X-Ray done in the past 6 months and the results faxed to Dr Chris Sames (09)4457016 prior to starting treatment.

For ACC pts we need:

ACC 45:
or
claim number:

This for SHBU use only		
No. of Tx	TCM	CXR

Please direct any questions to our clinical coordinator, Marion Francombe, on (09)487 2212

PLEASE FAX THIS FORM TO Fax 09 445 7016