



CONSENT FOR HYPERBARIC OXYGEN THERAPY

DATE _____ **TIME** _____

1. I hereby authorize Dr. _____ and whomever he may designate as his assistant to administer to _____ Hyperbaric Oxygen Therapy.
2. I understand that certain complications or risks may result from the use of Hyperbaric Oxygen and I request the use of Hyperbaric Oxygen Therapy for ____ prescribed treatment(s) and additional procedure treatment, if required.
3. Benefits – Administration of hyperbaric oxygen may
 - a. Help chronic wounds to heal
 - b. Help diabetic wounds in healing
 - c. Help heal soft tissue/osteoradionecrosis
 - d. Help skin grafts/flaps
 - e. Improve infection
 - f. Eliminate carbon monoxide poisoning
 - g. Reduce or eliminate gas bubbles
 - h. Other _____
4. Risks –
 - a. Fire
 - b. Ear discomfort
 - c. Seizure
 - d. Claustrophobia
 - e. Visual changes
 - f. Growth of tumor
 - g. Other _____
5. Alternatives –
 - a. No Hyperbaric Oxygen Therapy
 - b. Reassessment with primary physician weighing the pros and cons of Hyperbaric Oxygen Therapy
 - c. Other _____
6. I understand the nature of the treatment, the possible benefits, risks, and alternatives listed. I have been allowed to ask questions concerning the treatment. No guarantees or assurances have been given as to the results of the treatment.

WITNESS TO SIGNATURE:

Name(s)

(Patient's signature)

Address

(signature of other person authorized to consent)

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(Form number)

3/04