



DEAR PATIENT,

I would like to personally thank you for your interest in **HYPERBARIC CENTERS OF FLORIDA, LLC**, and look forward to serving your medical needs. Enclosed in this packet are the following:

- **Patient registration form**
- **Patient History form**
- **Disclosure and informed consent for Hyperbaric Therapy**
- **Blood Sugar disclosure**
- **Authorization to release and payment responsibility form**
- **Notice of privacy practices**
- **Acknowledgement receipt of notice of privacy practices**
- **Schedule of fee services**

Please allow sufficient time to fill out the enclosed forms and **BRING THEM WITH YOU** to your appointment. This will make a more complete, comprehensive medical assessment and diagnosis possible, as well as help our staff take care of you as efficiently as possible.

BECAUSE OF THE FACT THAT MANY OF OUR PATIENTS ARE HIGHLY SENSITIVE TO VARIOUS ENVIRONMENTAL FACTORS, we strive to create **SURROUNDING SUITABLE FOR ALL PATIENTS REQUIREMENTS**. Your adherence to the policies listed below as well as any sacrifices necessary on your part will be greatly appreciated by all. **LISTED BELOW ARE A FEW CLINIC POLICIES APPLICABLE TO ALL WHO ENTER THE CENTER**, and some may require **CHANGES** in your normal routine on the day of your appointment, and while you are here.

*** PLEASE REFRAIN** from the use of **THE FOLLOWING SCENTED AND PERSONAL CARE PRODUCTS:**

- | | |
|------------------------------|------------------------------|
| * HAND SOAP WITH PERFUME | SHAMPOO WITH FRAGRANCE |
| * HAND LOTION WITH FRAGRANCE | HAIR CONDITIONER W/FRAGRANCE |
| * FABRIC SOFTNER | SCENTED DEODORANT |
| * PERFUME | PERFUMED BATH POWDERS |
| * SCENTED AFTERSHAVE | SCENTED LAUNDRY DETERGENT |
| * SCENTED HAIRSPRAY | SCENTED COSMETICS |



*** PLEASE REFRAIN FROM SMOKING AND EXPOSURE TO TOBACCO SMOKE** for at least **ONE TO TWO HOURS** before you arrive, as smoke clings to your clothes and hair. If you or anyone accompanying you to your appointment cannot “go without tobacco” that long, nicotine gum or a patch might help.

ITEMS NOT ALLOWED IN HYPERBARIC CHAMBERS: (FOR YOUR SAFETY).

- BATTERY OPERATED DEVICES MAKEUP OR COSMETICS
- DEODORANT
- FRICTION TOYS
- HAIRSPRAY
- JEWELRY
- LIGHTERS/HAND WARMERS
- METAL HAIR PINS, CLIPS, ECT
- NEWSPAPER OR MAGAZINES
- OPEN FLAMES/HOT OBJECTS
- SHOES
- SILK, WOOL OR SYNTHETIC ITEMS

PLEASE SIGN AND DATE BELOW THAT YOU HAVE READ THE ABOVE INFORMATION.

NAME OF PATIENT: _____

SIGNATURE OF PATIENT OR GUARDIAN: _____

PRINT NAME IF GUARDIAN: _____

DATE: _____