



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 METAL HAIR PINS, CLIPS, ECT
- FRICTION TOYS NEWSPAPER OR MAGAZINES
- HAIRSPRAY OPEN FLAMES/HOT OBJECTS
- JEWELRY SHOES
- LIGHTERS/HAND WARMERS 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:** \_\_\_\_\_