

Patient Information and Physician Order Sheet

Memorial Pulmonary Services

P6

Patient Name: _____ **Patient DOB:** _____

(Please bring this sheet with you at time of service.)

Appointment Date: _____ **Arrival Time:** _____ **Procedure Time:** _____

Diagnosis (ICD Code Required): _____

Ordering Physician (Signature): _____

(Printed): _____

(Date): _____ (Time): _____

A referral from Dr. Walter Filipek, Pulmonologist, is required prior to scheduling.

Dr. Filipek can be reached at 288-8000. 24-hour emergency service is available.

Procedure Scheduled: HYPERBARIC TREATMENTS

About your procedure: Before the first treatment, and for the duration of the sessions, you **MUST** quit smoking. Make-up, hair spray, and jewelry cannot be worn in the chamber. If you have any questions, please call 647-7318.

How to find us: When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital to the rear of the Information Desk (see map). From there, you will be directed to Pulmonary Services. If you have any questions, please ask at the Main Entrance Information Desk.

647-7700

Memorial
Hospital of South Bend*
Quality of Life