



## CHECK LIST

- Please read through all materials in this packet and fill out all forms as appropriate.
- A **chest X-ray** for the client (as well as any support person or caregiver who plans to enter the chamber with the client) is required. If you have had a normal chest x-ray within the last year, the report from that x-ray will suffice. The chest X-ray may be ordered through your treating physician. It is not necessary to obtain the actual X-ray film; **we only need a copy of the report and the report must be read and written by a radiologist**. If the report is anything but normal, please call our office prior to scheduling treatment.
- Please obtain a **complete** health history and physical examination from your treating physician for client and/or caregiver. This should also include a list of current medications. Return **all** materials to Sara's Garden. If you are diabetic, please bring your blood sugar testing equipment with you each day to treatments.
- **Please give your treating physician the enclosed letter/list of contraindications for his preview and signature**. A prescription for HBOT must accompany this signed letter. (If the prescription reads simply "HBOT," it will be effective for one year. If the prescription is more precise and reads "HBOT for 40 treatments," it will be limited to one course of treatment and must be renewed through the treating physician for subsequent courses of treatment.
- **Mail or fax immediately all completed forms (including X-ray reports and health history) to:**  
Sara's Garden  
P.O. Box 150  
Wauseon, Ohio 43567  
Fax# 419-335-5564
- You will be required to follow the safety precautions outlined in the Client Manual. Please wear 100% cotton clothing; leave your jewelry at home; wear no chemicals on your body or hair. Please refrain from tobacco use during treatment schedule. **ABSOLUTELY NO CONTRABAND IN THE CHAMBER WITHOUT STAFF CLEARANCE.**
- Please arrive 30 minutes prior to each scheduled treatment. Clients and support persons/caregivers will have vital signs completed prior to each treatment. This is the time to let our staff know about any concerns. (Being late causes inconvenience for other clients who will be treated concurrently. It will also cause delay in subsequent treatments for the day. It may result in the treatment starting without you.)
- If you are sick on the day you are scheduled for treatment, please call our office in a timely manner. We will be better able to determine whether or not you should receive treatment. Our phone number is (419) 335-SARA (7272).
- The cost of the first treatment is \$265.00, which includes a client hood. All treatments thereafter will be \$110.00. The hood is required for delivery of oxygen to the client. Hoods are reuseable if cared for responsibly. If the client already has a patent hood, all treatments at less than 2 ATA will be \$110.00.
- A \$500.00 deposit should accompany your paperwork. The \$500.00 deposit will be applied to the total cost of treatments; it is **not** refundable but may be applied to the cost of future treatments.

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