

PROHIBITED ITEMS AUTHORIZATION

Patient Name: _____

Chart Number: _____ Date: _____

A risk assessment has been discussed and the material(s) are considered medically necessary for this patient.
NFPA 99 14.3.1.5.4.4

I, (print name) _____, attending hyperbaric physician, authorize the use of the material(s) listed below during the hyperbaric oxygen treatment of _____.

A risk assessment has been discussed and the material(s) are considered medically necessary for this patient.
NFPA 99 14.3.1.5.4.4

Materials

- | | |
|---|---|
| <input type="checkbox"/> Sutures: _____ | <input type="checkbox"/> Biologic interfaces: _____ |
| <input type="checkbox"/> All plastic devices: _____ | <input type="checkbox"/> Bacterial barriers: _____ |
| <input type="checkbox"/> Surgical dressings: _____ | <input type="checkbox"/> Wound dressings: _____ |
| <input type="checkbox"/> Other(s) list: _____ | |

This authorization is extended to the following hyperbaric schedule:

- The initial treatment Today's treatment(s) All treatments
 Other (list)

Physician Signature: _____

Date: _____

In my capacity as Hyperbaric Safety Director, I, (print name) _____,

- Concur with the above authorization.
 Do not concur with the above authorization.

Safety Lead Signature _____ **Date:** _____

Physician Signature

Date