THOMAS A. SULT, MD
3rd Opinion
New Questions | Better Solutions

HYPERBARIC CHECKLIST

PRE-TREATMENT CHECKLIST

Pre-treatment meal:	☐ Yes	☐ No	
Jewelry removed:	☐ Yes	☐ No	
No S/S cold or flu:	☐ Yes	☐ No	
Remove prosthetics, Non-gas permeable contact Lenses, dentures, hearing aids, etc.:	☐ Yes	☐ No	
All implantable devices assessed and Documented related to pressure tolerance.	☐ Yes	☐ No	☐ N/A
All cosmetics removed	☐ Yes	☐ No	
100% cotton garments:	☐ Yes	☐ No	
Prohibited items removed:	☐ Yes	☐ No	
Pre-treatment instructions given:	☐ Yes	☐ No	
Patient voided:	☐ Yes	☐ No	
Blood Glucose recorded:	☐ Yes	☐ No	☐ N/A
All patient questions answered:	☐ Yes		

Additional Comments:

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Signing below acknowledges these are the requirements to meet prior to receiving treatment

Patient Signature Date Technician signature Date