



Your Doctor's Information Here

SAMPLE

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Name _____ DOB _____

Address _____ Date _____

Rx

Sample hyperbaric Rx
Mild hyperbaric Oxygen treatments
@ 1.3 ATA (4.1 PSI) via home or
commercial chamber @ 1 HR/day
up to 7 days per week.

Refill NR 1 2 3 4 5

To be used with supplemental O₂
concentrator @ up to 10 lpm via
mask.

Substitution Permitted

Dispense as Written

Prescription is void if more than (1) controlled substance is written per blank.