



# Sara's Garden

620 West Leggett Street • Wauseon, OH 43567 • 419.335.7272 • Fax 419.335.5564 • [www.SarasGarden.org](http://www.SarasGarden.org)

## HBOT CHECKLIST

Please read entire checklist and sign at bottom indicating understanding of information listed below.

- ☐ A **chest X-ray** for the client may be required. If you have had a chest x-ray within the last year, the report from that x-ray will suffice. If a new chest X-ray is required, it may be ordered through your family physician. It is not necessary to obtain the actual X-ray film; **we only need a copy of the x-ray report**. A chest X-ray may be unnecessary and may be waived pending review of X-ray Waiver Application.
- ☐ Client **Medical information** is required from your physician's office. Please ask your physician's or neurologist's office to: **fax Sara's Garden copies of your last history and physical, medication list, and the information from your last 4 office visits.**
- ☐ A **prescription for HBOT is necessary for treatment**. We will process your physical information and history and obtain a prescription from our medical advisors for you. However, if your family physician would like to write the prescription for treatments it should simply read "HBOT." The prescription will be effective for one year.
- ☐ Please call Sara's Garden if you have any difficulty obtaining any of the above information. **Email, mail or fax all completed forms (including X-ray reports, X-ray waivers and health history) to:**

Sara's Garden  
P.O. Box 150  
Wauseon, Ohio 43567

Email: [mattr@saragarden.org](mailto:mattr@saragarden.org)  
Fax#: **419-335-5564**  
Ph#: 419-335-7272

- ☐ If you are diabetic, please bring your blood sugar testing equipment with you each day to treatments.
- ☐ Do NOT skip meals as HBOT increases your metabolism. Make sure to eat prior to coming to treatment each day. This is especially pertinent for diabetic clients.
- ☐ Please wear 100% cotton clothing; leave your jewelry at home; minimize use of chemicals on your body or hair. Electronic devices are not permitted. **ABSOLUTELY NOTHING GOES INTO THE CHAMBER WITHOUT STAFF CLEARANCE.**
- ☐ **You MUST refrain from any type of tobacco/nicotine use during your HBOT treatment schedule!**
- ☐ For best results, you should reduce or refrain from caffeine use during your HBOT treatment schedule. Caffeine constricts blood vessels which inhibits the flow of body fluids.
- ☐ Clients should arrive 30 minutes prior to each scheduled treatment to allow time for client assessment and concerns. Being late causes inconvenience for clients being concurrently treated, delays in subsequent treatments for the day and/or may result in treatment starting without you. Please allow us the courtesy of a call (419-335-7272) if you will be late. **If you are unable to attend a treatment, a one hour prior notice is required to avoid a \$50.00 cancellation fee.**
- ☐ If you are sick or are experiencing seasonal allergies and/or sinus congestion on the day you are scheduled for treatment, please call our office in a timely manner (at least one hour prior to treatment). You must be able to breathe effectively through both nares or you may not be able to clear the pressure in your sinuses effectively. We will be better able to determine whether or not you should receive treatment.
- ☐ Client hoods can be purchased for \$150.00 or rented for \$100.00. Please let us know if you already own your own hood.
- ☐ HBOT treatments cost \$100.00 per hour of oxygen. Treatments range from 60-90 minutes depending on diagnosis.
- ☐ A \$500.00 deposit should accompany your paperwork. The deposit is **not** refundable but may be applied to the cost of future treatments. Clients will pay for treatments received on a weekly basis unless other arrangements have been made with Sara's Garden.

\_\_\_\_\_  
Signature (Client or Guardian)

\_\_\_\_\_  
Date