



# Benessair Health Wellness Center

7125 E Lincoln Drive Suite B 108, Paradise Valley, AZ 85253

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**PHYSICIAN/PRACTITIONER STATEMENT/PERSCRIPTION**

**Important! This form must be filled by an MD, ND, DO, DC, or any other practitioner who is licensed to recommend Hyperbaric Oxygen Therapy (HBOT) and brought with you to your appointment.**

Patient/Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am willing to confirm that Mr./Mrs./Ms. \_\_\_\_\_ at phone number ( \_\_\_\_\_ ) is fit to be inside a Hyperbaric Chamber and approved for HBOT sessions, consisting of 60 or 90 minute session, one to two times daily (minimum of 3-4 hours apart), for the prescribed amount of total treatments.

**PHYSICIAN/PRACTITIONER - MUST COMPLETE THE FOLLOWING:**

My patient/client has been diagnosed with \_\_\_\_\_

AND I recommend:

HBOT at \_\_\_\_\_ ATA for total of \_\_\_\_\_ sessions.

**ADDITIONAL COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practitioner's Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_ Practitioner's Phone: \_\_\_\_\_

Practitioner's Address: \_\_\_\_\_

Practitioner's Stamp/License #



In lieu of this prescription, Benessair Health offers a \$150 physician clearance prior to your first treatment. Benessair Health physician clearance fee may be credited to your tenth treatment.