



# LYMPHEDEMA THERAPY SPECIALISTS

PHYSICIAN / PROVIDER REFERRAL FORM  
TEXAS MEDICAL CENTER / HOUSTON & SURROUNDING AREAS

CENTRAL SCHEDULING:      PHONE: 713-497-5335      FAX: 833-891-3211

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

<b>DIAGNOSIS:</b> <input type="checkbox"/> Lymphedema (not elsewhere classified) <input type="checkbox"/> Post Mastectomy Lymphedema Syndrome <input type="checkbox"/> Hereditary Lymphedema <input type="checkbox"/> Wound Care <input type="checkbox"/> Other _____	<b>PLEASE CHECK ALL THAT APPLY:</b> <input type="checkbox"/> Upper Extremity <input type="checkbox"/> Lower Extremity <input type="checkbox"/> Head / Neck <input type="checkbox"/> Chest <input type="checkbox"/> Trunk <input type="checkbox"/> Abdomen <input type="checkbox"/> Genitals
--	--

<input type="checkbox"/> <b>EVALUATION &amp; MANAGEMENT FOR LYMPHEDEMA</b> <input type="checkbox"/> <b>COMPLETE LYMPHEDEMA THERAPY (CLT)</b> <input type="checkbox"/> <b>MANUAL LYMPH DRAINAGE (MLD):</b> Chest, Trunk, Abdomen, And Associated Pathways <input type="checkbox"/> <b>MULTI-LAYER COMPRESSION SYSTEM:</b> Application to affected extremity	<input type="checkbox"/> <b>SKIN &amp; NAIL CARE WITH PRECAUTIONS AND WRITTEN INSTRUCTIONS</b> <input type="checkbox"/> <b>THERAPEUTIC (ROM) EXERCISE WITH WRITTEN INSTRUCTIONS</b> <input type="checkbox"/> <b>PNEUMATIC DEVICE THERAPY</b> <input type="checkbox"/> <b>WOUND CARE</b> <input type="checkbox"/> <b>PATIENT IS HOMEBOUND / HOME EVALUATION</b>
--	--

**EQUIPMENT & SUPPLIES:**

<input type="checkbox"/> <b>PNEUMATIC COMPRESSION DEVICE:</b> <input type="checkbox"/> Segmental home model with or without calibrated gradient pressure.
--

I CERTIFY THAT THE ABOVE ORDERS ARE MEDICALLY NECESSARY AND APPROPRIATE FOR THIS PATIENT.

LCMP SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_ NPI \_\_\_\_\_

LCMP NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

9230 Kirby Drive, Suite 100, Houston, TX 77054  
 Phone: 713-497-5335  
 Fax: 833-891-3211