



LYMPHEDEMA THERAPY SPECIALISTS

PHYSICIAN / PROVIDER REFERRAL FORM

TEXAS MEDICAL CENTER / HOUSTON / KATY / CONROE

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

DATE: _____

PATIENT NAME: _____ DOB: _____ PHONE: _____

DIAGNOSIS: <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 _____	PLEASE CHECK ALL THAT APPLY: <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
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<input type="checkbox"/> EVALUATION & MANAGEMENT FOR LYMPHEDEMA <input type="checkbox"/> COMPLETE LYMPHEDEMA THERAPY (CLT) <input type="checkbox"/> MANUAL LYMPH DRAINAGE (MLD): Chest, Trunk, Abdomen, And Associated Pathways <input type="checkbox"/> MULTI-LAYER COMPRESSION SYSTEM: Application to affected extremity <input type="checkbox"/> IV ANTIBIOTIC INFUSION	<input type="checkbox"/> SKIN & NAIL CARE WITH PRECAUTIONS AND WRITTEN INSTRUCTIONS <input type="checkbox"/> THERAPEUTIC (ROM) EXERCISE WITH WRITTEN INSTRUCTIONS <input type="checkbox"/> PNEUMATIC DEVICE THERAPY <input type="checkbox"/> PATIENT IS HOMEBOUND / HOME EVALUATION <input type="checkbox"/> WOUND CARE
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EQUIPMENT & SUPPLIES:

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

Medical Center Location: 9230 Kirby Drive, Suite 100, Houston, TX 77054

Katy Location: 705 S. Fry Road, Suite 100, Katy, TX 77450

Conroe Location: 1501 River Pointe Drive, Suite 100, Conroe, TX 77304

Phone: 713-497-5335

Fax: 833-891-3211