LYMPHEDEMA
THERAPY SPECIALISTS

PHYSICIAN / PROVIDER REFERRAL FORM

Texas Medical Center / Katy / Conroe-Woodlands

CENTRAL SCHEDULING: **Phone:** 713-497-5335 **Fax:** 833-891-3211

Date: _____

Patient Name: _____ **DOB:** _____ **Phone:** _____

DIAGNOSIS:

- ❑ Lymphedema (not elsewhere classified)
- ❑ Post Mastectomy Lymphedema Syndrome
- ❑ Hereditary Lymphedema
- ❑ Wound Care
- ❑ Other _____

PLEASE CHECK ALL THAT APPLY:

- ❑ Upper Extremity
- ❑ Lower Extremity
- ❑ Head / Neck
- ❑ Chest
- ❑ Trunk
- ❑ Abdomen
- ❑ Genitals

REQUESTED TREATMENTS AND SERVICES:

- ❑ Evaluation & Management for Lymphedema
- ❑ Complex Decongestive Physiotherapy
- ❑ Wound Care
- ❑ IV Antibiotic Infusion

DURABLE MEDICAL EQUIPMENT (DME) & SUPPLIES:

- ❑ Pneumatic Compression Device for Home Care
- ❑ Compression Wear

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

LCMP Signature: _____ Date: _____ NPI: _____

LCMP Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Center/Houston: 2385 W. Bellfort Ave., Suite 100, Houston, TX 77054
Katy: 705 S. Fry Road, Suite 100, Katy, TX 77450
Conroe - Woodlands: 1501 River Pointe Drive, Suite 100, Conroe, TX 77304
Phone: 713-497-5335 **Fax:** 833-891-3211

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