



Lymphedema & Wound CARE CONSULTANTS

PHYSICIAN REFERRAL

Central Scheduling PHONE: 281-338-2590

Central Scheduling FAX: 281-338-2594

CENTRAL HOUSTON

2600 S Loop West,
Suite. 562
Houston, TX 77054

WEST HOUSTON/ KATY

16000 Park Ten Place,
Suite 803
Houston, TX 77084

SOUTH HOUSTON

16888 Highway 3
Webster, TX 77598

NORTH HOUSTON

845 Cypress Creek Parkway,
Suite. 105
Houston, TX 77090

PATIENTS NAME: _____ PHONE #: _____ DATE: _____

DATE OF BIRTH: _____ (PLEASE FAX PATIENT DEMOGRAPHICS, LABS & CLINIC NOTES)

_____**EVALUATE & TREAT EDEMA WITH COMPLEX DECONGESTIVE PHYSIOTHERAPY (CDP)**

_____**VENOUS DOPPLER PRN**

- Diagnosis:** ___ Q82.0 Primary Lymphedema
 ___ I89.0 Chronic Intractable Lymphedema
 ___ I89.0 Lipedema
 ___ I97.2 Post Mastectomy Lymphedema Syndrome
 ___ Y83.8 Surgical Lymphedema
 ___ L03.90 Cellulitis
 ___ I87.2 Chronic Venous Insufficiency
 ___ Wounds/Ulcers
 ___ Prehab

- Affected Areas:**
- _____ Right _____ Left _____ Bilateral
 _____ Lower _____ Upper _____ Other

- _____ **COMPRESSION WEAR ONLY**
- _____ **GRADIENT SEQUENTIAL COMPRESSION PUMP & GARMENTS FOR PERMANENT HOME USE (99 MONTHS)**

IT IS MY MEDICAL OPINION THE TREATMENT PLAN LISTED ABOVE IS MEDICALLY NECESSARY AND APPROPRIATE FOR THIS PATIENT.

PHYSICIAN SIGNATURE: _____

PRINT PHYSICIAN NAME: _____ DATE: _____

ADDRESS: _____ CITY, STATE, ZIP _____

PHONE: _____ FAX: _____ NPI: _____