



## LYMPHEDEMA ORDERS

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

DOB: \_\_\_\_\_ PATIENT'S PHONE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ ICD-9: \_\_\_\_\_

Lymphedema evaluation and treatment of \_\_\_\_\_ extremity.  
left/right/bilateral upper/lower

Evaluate and treat as appropriate.

Treatment to include manual lymphatic drainage, multi-layer compression bandaging, therapeutic exercises, and a final compression garment.

PHYSICIAN SIGNATURE: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PHYSICIAN MAILING ADDRESS: \_\_\_\_\_

CITY, ST ZIP: \_\_\_\_\_

**NOTE TO PATIENT:** Please bring this order with you for your appointment. You will need to arrive about 15 minutes before your appointment time to complete initial paperwork.

Rehabilitation Services of Tifton Lymphedema Center  
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