



LYMPHEDEMA CONSULTATION ORDERS

NAME: _____ DATE: _____

DOB: _____ PATIENT'S PHONE: _____

DIAGNOSIS: _____ ICD-9: _____

Pre and post mastectomy / lumpectomy protocol to include:

- _____ Pre-surgical exercise and lymphedema awareness training
- _____ 2-weeks post-surgical exercise and lymphedema awareness training
- _____ 1-month post-surgical exercise and lymphedema awareness training
- _____ Compression garment if indicated by therapist

PHYSICIAN SIGNATURE: _____

PHYSICIAN NAME: _____

PHYSICIAN PHONE: _____ FAX: _____

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.

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