

THE REHABILITATION CENTER



WATAUGA MEDICAL CENTER

232 Boone Heights Dr., Suite A
Boone NC 28607

Phone (828)268-9043

Fax (828)268-9045

Lymphedema Program Referral

Patient Name: _____ **DOB:** _____
Last, First, MI

Patient Phone Number: _____

ICD-10: _____

Precautions/Contraindications: _____

Frequency/Duration of Treatment: _____

Frequency/Duration per Therapist Discretion

OT- Lymphedema Treatment

PT

Eval and treat as needed

Manual Lymphatic Drainage

Compression Bandaging

Compression Garment: Upper Extremity Lower Extremity

15-20 mmHg 20-30 mmHg 30-40mmHg

Therapeutic Exercise/Range of Motion Exercise

Aquatic Program

Pneumatic Compression Device

Lymphedema Reassessment

Physician's Signature: _____

Date/Time: _____

