Lymphedema Pump Order Form

LymphaCare
877-799-6863

Email Orders to:
fax@lymphacare.com
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Fax Orders to:
866-799-6863

Patient Name: _____ DOB: _____

Patient Phone: _____ Height_____Weight_____

Patient Address: _____

_____

**** Please send patient demographic sheet****
Medicare Patients-- Please send medical records for last two office visits

Primary Insurance: _____ ID# _____ Grp# _____

Secondary Insurance: _____ ID# _____ Grp# _____

Pump Order

◯ Segmental Non Gradient

◯ Gradient Segmental

Appliances

Leg: ◯ Right: ◯ Left: ◯ Bilateral
1/2 Leg: ◯
Arm: ◯ Right: ◯ Left: ◯ Shoulder

Diagnosis

◯ Q82.0 Primary Lymphedema

◯ I89.0Secondary Lymphedema
- ◯ Venous Insufficiency causing secondary lymphedma
- ◯ Tumors Obstucting lymphatic flow
- ◯ Scarring of lymphatic channels (due to cellulitis and/or Lymphangitis
- ◯ Cancer Surgery
- ◯ Other: _____

◯ I97.2 Post Mastectomy
Date of Surgery: _____/_____/_____

Prescribing Physician: _____ NPI# _____

Office Contact for Follow Up:

Name: _____ Phone: _____ Date: _____