



Lymphedema Specialty Clinic

Konnie Roberts Lutz OTR/L, CLT

131 S 700 E, Ste 103 · American Fork, UT 84003

Phone: (801) 600-0613 · Fax: (877) 860-3038

FAX COMPLETED FORM TO: (877) 860-3038

PATIENT REFERRAL FORM

REFERRING PROVIDER INFORMATION

Provider / Physician Name: _____ Practice / Clinic Name: _____
NPI Number: _____ Phone: _____ Fax: _____
Specialty: _____ Provider Email (optional): _____

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

DIAGNOSIS & REASON FOR REFERRAL

Primary Diagnosis: _____ ICD-10 Code: _____

Secondary Diagnosis: _____ ICD-10 Code: _____

Reason for Referral:

- | | |
|--|---|
| <input type="checkbox"/> Lymphedema Evaluation & Treatment | <input type="checkbox"/> Complete Decongestive Therapy (CDT) |
| <input type="checkbox"/> Compression Garment Fitting | <input type="checkbox"/> Wound Care / Skin Management |
| <input type="checkbox"/> Post-Surgical Lymphedema | <input type="checkbox"/> Chronic Edema / Venous Insufficiency |
| <input type="checkbox"/> Patient Education / Self-Care | <input type="checkbox"/> Other: _____ |

CLINICAL INFORMATION

Affected Extremity/Region:

- | | | | |
|------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Right Arm | <input type="checkbox"/> Left Arm | <input type="checkbox"/> Both Arms | <input type="checkbox"/> Right Leg |
| <input type="checkbox"/> Left Leg | <input type="checkbox"/> Both Legs | <input type="checkbox"/> Trunk / Torso | <input type="checkbox"/> Head / Neck |

Cancer Diagnosis (if applicable): _____ Treatment / Surgery Date: _____

Additional Clinical Notes / History: _____

REFERRING PROVIDER SIGNATURE & AUTHORIZATION

I am referring the above-named patient to Lymphedema Specialty Clinic for evaluation and/or treatment. I certify that the information provided is accurate and that this referral is medically necessary.

Provider Signature: _____ Date: _____

Printed Name: _____ Title / Credentials: _____

Questions? Call (801) 600-0613

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For Office Use Only Date Received: _____