

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

**Fax completed & signed form to Benefis Rehabilitation Therapy Services at (406) 455-2244  
Questions? Call (406) 455-2228**



Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

## Outpatient Lymphedema Management

Version 1 Approved 11/20/17

Primary Insurance: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Activity Restrictions/Precautions: \_\_\_\_\_

Diagnoses (check all that apply):

- Axillary Web Syndrome
- Lymphedema (Diagnosed)
- Other \_\_\_\_\_

Procedures (check all that apply):

- Breast Reconstruction
- Lumpectomy
- Lymph Node Dissection
- Mastectomy
- Sentinel Node Biopsy
- Other \_\_\_\_\_

Orders :

- 1x visit for Lymphedema Education
- Range of Motion (multiple visits)
- Pain Management (multiple visits)
- Lymphedema Management (multiple visits)
- Evaluate and Treat (multiple visits)

Please Indicate visit frequency if known \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_