

955 N Adams St, Ste 1  
Papillion, NE 68046-3080  
(531) 600-7774 | (531) 200-9978 FAX

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

Physician: \_\_\_\_\_ Follow up date: \_\_\_\_\_

Diagnosis: I89.0 – lymphedema not elsewhere class. Date of onset: \_\_\_\_\_

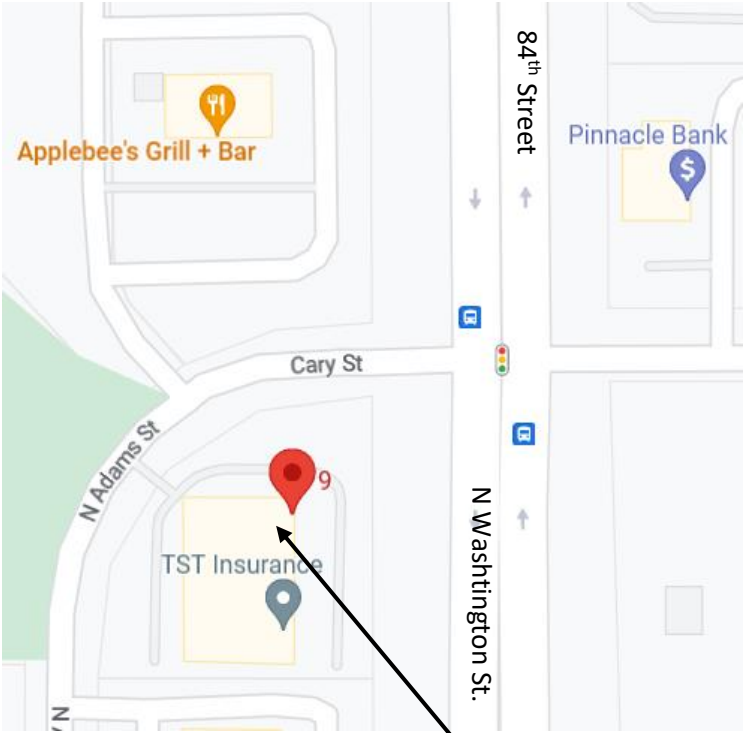
Patient phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_

Special instructions:  
\_\_\_\_\_  
\_\_\_\_\_

**Occupational Therapy** Evaluate and treat  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature

Date



Physician, please fax this referral slip to 531-200-9978. THANK YOU