NYU Langone MEDICAL CENTER

ACC - RUSK INSTITUTE OF REHABILITATION MEDICINE
240 East 38th Street • 16th Floor • New York, NY 10016
Telephone: (212) 263-6033 • Website: www.ruskinstitute.org

Outpatient Adult Lymphedema Physical Therapy Referral Form

FAX to the ACC RUSK INTAKE / REGISTRATION at (212) 263-0113

Date: _____

Patient Name: (Last)_____(First)_____

Date of Birth:_____ Gender (Please Circle): F M Social Security:_____

Patient Address: _____

Patient Phone: (H)_____(W)_____(C)_____

Primary Insurance:_____

Policy ID#:_____Insured Name:_____

Secondary Insurance:_____

Policy ID#:_____Insured Name:_____

***Lymphedema Diagnosis/ICD code* (please select):**

☐ **457.0 Post-Mastectomy Lymphedema**

☐ **457.1 Lymphedema Post-Surgery**

☐ **Other_____**

***Physical Therapy Evaluation and Treatment including* (please select):**

☐ **Manual Lymphatic Drainage, Multi-layer Bandages, Therapeutic Exercise, Education, and Vasopneumatic Compression Pump(20-45mmHg)**

☐ **Other: _____**

***Affected Extremity* (please select):**

☐ **R Arm** ☐ **L Arm** ☐ **R Leg** ☐ **L Leg** ☐ **Other: _____**

Precautions_____Frequency/Duration:_____

Physician's Name/Specialty (Please Print) _____

NPI#: _____ License Number:_____ UPIN:_____

Physician's address:_____

Office Telephone: (_____)_____ Office Fax: (_____)_____

Physician's Signature: _____