



6365 E Tanque Verde Rd
Suite 200
Tucson, AZ 85715

**LYMPHA PRESS®
PRESCRIPTION FORM**

DATE OF ORDER:

Patient Name: Lindsey Carver
Patient Phone #: 757-880-2206

DOB: 03/26/1989

SEGMENTAL APPLIANCE: LEGS: ☒ LT ☒ RT ARMS: ☒ LT ☒ RT ☒ SHOULDER ATTACH.

Special request: Lympha Parts & Comfy Steve R & L

Treatment: Pressures FREQ /DAY MIN Length of Necessity: mths

Default Settings: 40mmHg, TID/BID, 60 min (99 = purchase)

PLEASE CHECK ANY CONDITIONS THAT MAY APPLY TO THE PATIENT

Diagnosis: ICD10

☒ Q82.0 PRIMARY LYMPHEDEMA—~~Praecox (infancy to age 35),~~
Tarda (age 35 and older) Congenital (Inherited)

☒ I89.0 CAUSES OF SECONDARY LYMPHEDEMA

☒ VENOUS INSUFFICIENCY causing "Secondary Lymphedema"

☐ TUMOR(S) OBSTRUCTING LYMPHATIC FLOW

☐ SCARRING of the lymph channels due to Cellulitis and/or Lymphangitis

☐ CANCER SURGERY and/or Radiation

☒ OTHER Lipedema

☐ I97.2 POST MASTECTOMY SYNDROME—

DATE OF SURGERY / /

☐ I87.2 CHRONIC VENOUS INSUFFICIENCY

☐ Varicose vein with ulcer

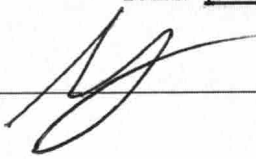
☐ Venous hypertension with an ulcer

PRESCRIBING PHYSICIAN: Karen Herbst, MD

NPI #: 1114977840

PHONE: (310)882-5454

FAX: (310)747-5908

PHYSICIAN SIGNATURE 

DATE 11 / 10 / 2023

Visit Date: 11/10/2023

Lymphedema Assessment

Patient Name: Lindsey Carver

DOB: 3/26/1989

Diagnosis

- ☒ I89.0 Secondary Lymphedema
☒ Q82.0 Hereditary Lymphedema
☐ I97.2 Post Mastectomy Lymphedema
☒ Lipedema

Past medical history

- Onset of lymphedema? Since Childhood - Aunt
Family History of Lymphedema? ☒ Y ☐ N
Prior Cancer Treatment ☐ Y ☐ N

Surgery NA

Physical Exam

Symptoms / Skin condition (check all that apply)

- ☒ Edema ☐ Wounds ☐ Weeping ☐ Blisters ☒ Heaviness ☒ Pain ☐ Hyperkeratosis ☒ Hyperplasia
☐ Hyperpigmentation ☐ Elephantiasis ☐ Lymphorrhea ☐ Papillomatosis cutis lymphostatica

Severity

- ☐ Brawny ☒ Non-Pitting ☐ Fibrotic Pitting: ☐ +1 ☐ +2 ☐ +3 ☐ +4 ☐ Stage I ☐ Stage II ☐ Stage III
☐ Other _____

Areas Affected

- ☒ Right Lower Extremity ☒ Left Lower Extremity ☒ Abdomen ☐ Trunk ☐ Genitals
☒ Right Upper Extremity ☒ Left Upper Extremity ☐ Chest ☐ Other _____

Treatments to Date (check all that apply)

Start of treatment 2021

- ☒ Elevation of extremity
☒ Exercise / ROM / calf pump
☒ Complete Decongestive Therapy / MLD
☒ Compression / type Knee high
☐ Use of a Basic Pneumatic Compression Pump

Outcome of Treatments

Do significant symptoms remain? ☒ Y ☐ N

Treatment Plan

- ☒ Compression, type Bile shorts with knee highs
☒ Regular elevation of extremity
☒ Regular exercise, perform ROM / calf pump exercise
☒ Other MLD
☒ Lympha Press® (requires a failed 4-week trial of conservative treatments)
☐ Flexitouch

Assessment Completed by: Karen C Herbst

Signature: [Signature]

Date: 11/10/2023