



**TOTAL
LIPDEMA
CARE**

6365 E Tanque Verde Rd
Suite 200
Tucson, AZ 85715

**LYMPHA PRESS®
PRESCRIPTION FORM**

DATE OF ORDER:

Patient Name: Tracy Logelin
Patient Phone #: 612-839-4937

DOB: 10/11/1970

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

Special request: Lymph Parts Compfy sleeves

Treatment: Pressures _____ FREQ _____ DAY _____ MIN Length of Necessity: 99 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)742-5908

PHYSICIAN SIGNATURE _____

DATE / /