



Lymphedema Order Form

Fax: (775) 313-0372

Phone: (775) 313-0364

www.adessotherapeutics.com

Patient Information (Please Include Patient Demographics with the Order)

Patient Name: _____ Patient DOB: _____

Patient Phone: _____ Patient Email: _____

Is Order Cash Pay (Yes/No) _____ Should The Order Be Forwarded If Adesso is Out of Network? _____

Diagnosis and Location

Diagnosis: _____ Locations being treated: _____

Order Information

Order Start Date: _____ Dispensing Frequency: _____ Duration of Need: _____

Products

Brand: _____ Product: _____ Quantity: _____

Size: _____ Length: _____ Compression Level: _____ Color: _____

Brand: _____ Product: _____ Quantity: _____

Size: _____ Length: _____ Compression Level: _____ Color: _____

Notes

Measurements

Measured Area	Measurement in CM

Referral Information

Provider Information

Referral Facility: _____

Referral Phone: _____

Referral Fax: _____

Referring Clinician: _____

Best Method of Communication: _____

Provider Phone (if different than referral): _____

Provider Fax (if different than referral): _____

Provider Name: _____

NPI Number: _____

Signature: _____

Date: _____