



A resource for physicians & patients

Physician's Script (Outpatient)

Patient

Name: _____ DOB: _____

Phone: _____

(Check appropriate option in each category)

Dx (ICD-10)

- I87.009 Post thrombotic
- I87.309 Venous HTN (no complications)
- I87.319 Venous HTN (w/ ulcer)
- I89.0 General Lymphedema
- I97.89 Post-op Lymphedema
- I97.2 Postmastectomy Lymphedema
- N50.8 Swelling of Scrotum
- N48.89 Swelling of Penis
- N94.89 Female Genital Lymphedema
- Q82.0 Hereditary Lymphedema
- R60.9 Unspecified Edema
- Other _____

Tx

- Lymphedema Eval & Tx

Frequency

____ x per week for ____ weeks

OR

____ as indicated

Additional Instructions:

MD Name: _____

Signature: _____

No rubber stamp for signature

Date: _____

Phone: _____

*** Fax:** _____

* Please include medical history / most recent visit note