



CANCER REHABILITATION/LYMPHEDEMA THERAPY ORDER

300 Clinchfield Street

Suite 320

Kingsport, TN. 37660

Food City/Press Commons

Ph 423-251-4742

Fax 423-251-4743

Please fax pt. demographics and insurance card

Name: _____

DOB: _____ EPIC MR# (if applicable) _____

Diagnosis:

- _____
- Pre-treatment Assessment
- Post-treatment Assessment
- Peripheral neuropathy
- Generalized muscle weakness
- Balance deficit
- Chemo induced cognitive impairment – OT
- Cancer related fatigue
- Lymphedema surveillance Breast CA/Melanoma/Head and neck CA
- Lymphedema PT/OT – eval and treat

Physical Therapy:

- Evaluate and Treat
- Cold Laser Therapy
- _____
- _____

Occupational Therapy:

- Evaluate and Treat
- Cognitive Training
- ADL Training
- _____
- _____

Provider Signature _____ Date _____

Printed name _____