



CANCER REHABILITATION/LYMPHEDEMA THERAPY ORDER

Ph 423-251-4742

Fax 423-251-4743

300 Clinchfield Street
Suite 320
Kingsport, TN. 37660
Food City/Press Commons

508 Princeton Road
Suite 305
Johnson City, TN. 37601

Please fax pt. demographics and insurance card

Name: _____

DOB: _____ EPIC MR# (if applicable) _____

Diagnosis:

- Diagnosis options: 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:

- Physical Therapy options: Evaluate and Treat, Cold Laser Therapy, blank lines

Occupational Therapy:

- Occupational Therapy options: Evaluate and Treat, Cognitive Training, ADL Training, blank lines

Provider Signature _____ Date _____

Printed name _____