



Phone number: 214-699-1296

Fax: 214-594-9987

Email: intake@ultratherapysolutions.com

REQUIRED DOCUMENTS FOR LYMPHEDEMA PATIENT REFERRAL

- **Insurance Card/s:** Copies of the front and back of the primary and secondary insurance cards, if applicable.
- **Demographics page** (Patients name, address, DOB, Phone Number, email address, emergency contact)
- **Order to admit to home health** (Order: Lymphedema therapy, to eval and treat)
- **MD note or H&P needs to be current (within the last 60 days)**
- **Medication Profile**

Important Reminder: All documents must be complete before we process the referral. We encourage you to submit the documents completely to prevent further delays.

You can send the complete documents as email attachments to ***intake@ultratherapysolutions.com***, or you may fax them to ***214-594-9987***.

Please fill this out:

Referred By:

Contact # :