



Phone number: 214-699-1296

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Referrals Checklist

_____ 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)

_____ Front and back of Insurance card , if they have secondary insurance that card as well.

_____ H&P or most recent MD note

_____ Face to Face

_____ Medication Profile

Referred by: _____

Contact # : _____