



One Medical Center Drive
P.O. Box 626
Biddeford, ME 04005-0626
(207) 283-7000

**OUTPATIENT REHABILITATION
REFERRAL - LYMPHEDEMA**

SMMC Wound Care / Lymphedema Clinic
1 Medical Center Drive
Biddeford, Maine 04043
Phone: (207) 283-7980 / Fax: (207) 283-7793

Patient Name: _____ Date of Birth: _____ Telephone: _____

Diagnosis(es) Pertinent to Rehabilitation Referral: _____

Date of Onset: ____/____/____ **OR** Long-standing Condition: _____
MM DD YY Approximate Time Frame

Pertinent medications/clinical findings/precautions: _____

Occupational Therapy: Evaluation & Treatment - Lymphedema

Specific Instructions: _____

FREQUENCY & DURATION: (required to implement services)

As determined by Therapist As specified ____ per week for ____ weeks

Physician Signature (required): _____
Date (required): _____