2077 NW Town Center Drive Beaverton OR 97006

Phone: 971 255 3132

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Please fax face sheet, H&P, OP notes and treatment notes along with referral form to expedite insurance authorization.

Occupational Therapy Referral Form

Date:_____

Patient Name: _____
Diagnosis:_____
ICD 9 code: _____

Requested Treatment

___ OT Lymphedema Evaluation and treatment

___OT Lipidema Evaluation and treatment

___ADL training

___Exercise (strengthening, conditioning, endurance

___ Evaluate for compression garments

___Lymphedema related wound care

___Burn evaluate and treat

Physician Signature **Date**