Lymphatic USA Physician/Nurse Practitioner MLD Referral Form

Referral to Lorraine Sanderson BS LMT MLD/C CLT (ACOLS)

For Manual Lymphatic Drainage/Lymphatic Rerouting

Current Cancer Treatment-Through Post Cancer Care

7550 Oswego Road Liverpool NY 13209 315-760-4118 LymphaticUSA@gmail.com

Referral Practitioner Information

Practitioner/Clinic Name:

Practitioner Contact Address Information:

Practitioner Phone and email:

Practitioner Name and Signature:

Date:

Client Information

Client Name:

Client Date of Birth:

Client Date of Onset Treatment /Conditions:

Reason For MLD Referral

Cancer Type/Treatment/Surgery/Chemotherapy/Radiation/History and Completion Dates

Known Precautions: