



## Sample Letter of Medical Necessity and Prescription for Lymphedema Treatment

DATE

To Whom It May Concern:

\_\_\_\_\_ is a patient of mine with breast cancer. She has secondary lymphedema in her (LEFT/RIGHT) \_\_\_\_\_ (ARM/HAND/LEG) \_\_\_\_\_ which requires Complete Decongestive Therapy.

This therapy is deemed to be of medical necessity and needs to be performed once per day for a minimum of four weeks. At that time she will be re-evaluated.

If you have any questions or need further information, please feel free to contact me at 843-757-9292.

RX

Dx: Secondary lymphedema S/P  
mastectomy and lymph node dissection.  
Complete Decongestive Therapy  
qd x 4 weeks then re-evaluate.