



MARILYN WESTBROOK
GARMENT FUND

Medical Necessity Form

This form is to be filled out by the referring therapist and/or physician (please attach additional pages if necessary)

NOTE: In order for a patient to qualify for the Marilyn Westbrook Garment Fund, the referring therapist and/or physician must be an NLN Affiliated Therapist, or be employed at an NLN Affiliated Clinic.

Patient Information

First Name: _____

Last Name: _____

Therapist/MD Information

First Name: _____

Last Name: _____

Name of Clinic: _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Daytime Phone: _____ Fax Number: _____

Email address: _____

1. Patient's primary medical history:

2. Treatment diagnosis:

3. How severe is the lymphedema? (describe):





Medical Necessity Form, continued

4. Is the patient disabled due to his/her lymphedema, and to what degree (select one):
- Formal disability (ie, SSI, employer disability) determination made, due to impact of lymphedema
 - Lymphedema significantly impairs patient's ability to work/perform ADLs
 - Effective management requires use of compression garment(s)
5. In your opinion, why is the garment medically necessary for this patient?
-
-
-
-
-
-
-
-
-
-
6. How would you rate this patient's compliance with therapy and/or garment wear in the past?
- Excellent
 - Good
 - Fair
 - Poor
7. Other information (i.e. extenuating circumstances, history of infections, and other complications):

Signature: _____ Date: _____

NLN