

**Lymfund Treatment Completion Form**

**Download and complete this form electronically then have the patient add their comments and signature. Then either scan and email it or post it to the office.**

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| --- | --- |
| Therapist name | Click or tap here to enter text. |
|  Therapist Address | Click or tap here to enter text. |
| Therapist Tel. No. | Click or tap here to enter text. |
| Therapist email | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Patient name | Click or tap here to enter text. |
|  Patient address | Click or tap here to enter text. |
| Patient Tel. No. | Click or tap here to enter text. |
| Patient email | Click or tap here to enter text. |
| Condition treated | Click or tap here to enter text. |
| Brief summary of results**(please provide volume measurements on separate sheet)** | Click or tap here to enter text. |
| Patient comments(written by hand or electronically ) |  |

Therapist signature ……………………………………………………………….

Date …………….…………………………………………………

Patient signature ……..……………………………………………………….

Date ………………………………………………………………