

LAF PATIENT FUND Patient Screening Form
FAX TO: 407 324 3255

To ensure donations and supplies go to patients in need, the screening process involves information from their lymphatic therapist and the patients compliance history. Also the patients' current tax return, pay stub, contact information and a doctors prescription, if applicable. This fund is not available to the LAF Board of Directors, their friends or family members. Details are reviewed by the LAF Board. Exceptions may be made for those who earn over 15K a year.

Name: _____

Contact Information: (Tel/email) _____

Address: _____

State/Zip (post code), Country _____

Lymphedema DX (affected area) _____

Lymphatic Therapist: Name, facility and contact: _____

Treatment history: _____

Compliance and additional Notes: _____

Enclosed: Current tax return Pay stub Rx (if applicable)