

Referral for Medically Necessary Lymphatic Drainage Massage

Patient Name: _____

Diagnosis: _____

Recommended Treatment: Lymphatic drainage massage for medical support
(e.g., lymphedema, lipedema, post-operative swelling, oncology recovery)

Frequency/Duration (optional): _____

Provider Name & Credentials: _____

Signature: _____ Date: _____

InnerFlow Lymphatic Massage LLC

Joanne Castro, LMT, PTA, CLT

Licensed Massage Therapist | Physical Therapist Assistant | Certified
Lymphedema Therapist

Specializing in lymphatic drainage for lymphedema, lipedema, oncology
support, post-surgical healing, and chronic inflammation

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InnerFlow Lymphatic Massage LLC offers medically-informed lymphatic drainage therapy for clients managing conditions such as lymphedema, lipedema, and post-oncology treatment swelling. A physician's referral allows medically necessary services to be exempt from Ohio state sales tax.