

McLaren Print System Order

Order No: 58897 Order Date: 2020-12-09 User: Christina LaFata Phone: (810)342-4215

Ship Location: McLaren Flint - 1 North Cardiac Rehab Bus. Ofc - Attn: Christina

401 S. Ballenger Hwy

Flint, mi 48532

Forms

Quantity: 1000

Paragon Dept No: 35700 Dept Name: Cardiac Rehab Company Number: 60

Order Total Price: 82.50

Item Number: M-1674

Item Description: Out Patient Cardiac Rehabilitation Referral

Revision Date: 6/2014 Print: 1 sided full color Paper: 32# Color Copy Text

Size: 8.5 x 11

Potient Name:

Fold:

Finish: Padded (100 Sheets Per Pad)

Drill:

Misc Info: Finish size: 5.5 x 8.5 inches; each pad contains 100 sheets. Order how many sheets you would like to receive.

McLaren FLINT

401 S. Ballenger Hwy. Flint, Michigan 48532 Phone: (810) 342-4215 Fax: (810) 342-5488

Out-Patient Cardiac Rehabilitation Referral

Date of Birth:F	Patient Phone Number:
Date of cardiac event:	irequired for incurance authorizations
Diagnosis: Acute MI PT	CA/Stant O'Other:
□CABG □HeartHearthing®	ransplant - Stable Angina (vocumes documentation)
☐ Heart Valve Repair: Reason	
☐ Heart Valve Replacement: Rea	pion
Congestive Heart Falure	
EP%	(must be < or equal to 33%)
NYNA Class	jmust be stable class 2 -6
Frequency and Duration	
☐ Phace II - Telemetry 18-36 sec	sions (2x/wk x 6-12 weeks)
☐ Phace N - Maintenance	
	noted by your office, your patient will be rdiac Rehab Phase III or IV program at the éned by insurance.
SpeciInfo: ++++	weeks after inpatient discharge
Additional Comments:	
Physician Signature	Date
Print Doctor's Name:	
W. CO. Co.	



401.5 Ballenger Hwy. Flint, Michigan 48532

Phone (800) 342-4215 Fax: (800) 342-5499

Out-Patient Cardiac Rehabilitation Referral

Patient Name:		
Date of Birth: Putient Ph		
Date of cardiac event	prequired for incurance authorization	
Diagnosis: □Acute MI □ PTCA/Stent	□ Other:	
CABG Heart Heart-lung Transplant	Stable Angina proures documentators	
☐ Heart Valve Repair: Reason		
☐ Heart Valve Replacement: Reason		
☐ Congective Heart Failure		
EP%	(must be < or equal to 35%)	
NYPA Class	(must be stable class 2 -6)	
Frequency and Duration		
☐ Phase II - Telemetry 18-36 sessions (3x	/wk x 6-12 weeks)	
☐ Phase IV - Maintenance Unless otherwise indicated or directed by your office, your patient will be		
conclusions of Phase II as determined by in		
Patient to begin rehab	weeks after inpatient discharge	
Additional Comments:		
Physician Signature:		
Print Doctor's Name:		
W. HER HOLD.		