



FLINT
Cardiac Rehabilitation

401 S. Ballenger Hwy. Flint, Michigan 48532
Phone: (810) 342-4215 Fax: (810) 342-5499

Out-Patient Cardiac Rehabilitation Referral

Patient Name: _____

Date of Birth: _____ Patient Phone Number: _____

Date of cardiac event: _____ (required for insurance authorization)

Diagnosis: Acute MI PTCA/Stent Other: _____

CABG Heart/Heart-lung Transplant Stable Angina (requires documentation)

Heart Valve Repair: Reason _____

Heart Valve Replacement: Reason _____

Congestive Heart Failure

EF% _____ (must be < or equal to 35%)

NYHA Class _____ (must be stable class 2 -4)

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 automatically advanced to the Cardiac Rehab Phase III or IV program at the conclusions of Phase II as determined by insurance.

Patient to begin rehab _____ weeks after inpatient discharge

Additional Comments: _____

Physician Signature: _____ Date: _____

Print Doctor's Name: _____



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