

McLaren Print System Order

Order No: 83373
Order Date: 2024-02-22
User: Liz Birchmeier
Phone: 22085

Ship Location: Cardiac Rehab
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
Fold:
Finish: Padded (100 Sheets Per Pad)
Drill:
Poster:
Misc Info: Finish size: 5.5 x 8.5 inches; each pad contains 100 sheets. Order how many sheets you would like to receive.



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

Out-Patient Cardiac Rehabilitation Referral



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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

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Spec Info:

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 conclusion of Phase II as determined by insurance.
Patient to begin rehab weeks after inpatient discharge
Additional Comments:
Physician Signature: Date:
Print Doctor's Name:
104 (2/14)

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