



Patient Label

Cardiac Rehabilitation Phase II Physician Referral/Orders

Medically supervised monitored exercise program prescribed by the exercise specialist according to the Physician's recommendations up to three (3) sessions per week up to a total of 12 weeks covered by most insurances.

Phone: 803-256-5463

Fax: 803-256-5710

Date: _____

Phase II Cardiac Rehabilitation.

Having reviewed this patient's medical history and current medications, if he/she develops chest pain during cardiac rehab, it would be appropriate to give this patient sublingual nitroglycerin. Circle One: **Yes** **No**

Name: _____ Date of Birth: _____

Social Security Number: _____

Address: _____

Home Phone: _____ Work Phone: _____

Diagnosis: _____

Ordering Physician: _____

Cardiologist: _____

Physician Signature: _____ Date/Time: _____