

UM SMC at Chestertown
100 Brown Street
Chestertown, MD 21620
Phone: 410-778-3300, ext. 2222
FAX: 410-810-7197

UM SMC at Dorchester
300 Byrn Street
Cambridge, MD 21613
Phone: 410-228-5511, ext. 8201
FAX: 410-221-0771

UM SMC at Easton
219 South Washington Street
Easton, MD 21601
Phone: 410-822-1000, ext. 5208
FAX: 410-763-8137

Patient Name:	PRIMARY Dx
DOB: Age: Sex:	410.90 MI Date:
Phone: Cell number:	V45.81 CABG Date:
Address:	413.9 Stable Angina Date:
	V45.82 Angioplasty/Stent Date:
	V43.3 Valve Replacement Date:
Insurance Information:	Heart Failure LVEF < 35% / NYHA Class II-IV symptoms despite being on optimal heart failure therapy for at least 6 weeks.
	Stable No recent (< 6 weeks or planned < 6 months) major cardiovascular hospitalization or procedures.

STRESS TEST – MUST BE PERFORMED POST EVENT WITHIN 6 MONTHS

He/she **does** **does not need a stress test** prior to starting this program.

Scheduled for: _____ at _____
(Date) (Facility)

The program will be 1-5 times per week for up to 36 weeks. Modifications may occur due to individual risk stratification.

I have examined the above named patient and see no contraindications for participation in Phase II Cardiac Rehabilitation.

Please refer to Nutrition Services as indicated.

Special Instructions: _____

Physician's Name (Please Print)

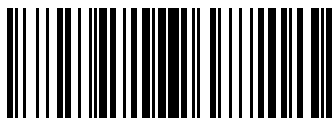
Signature of Referring Physician

Date

Physician's Address

Physician's Phone Number

Physician's FAX Number



CIM.763905

**CARDIAC REHABILITATION WITH MONITORING
PHASE II REFERRAL**



UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH