

The Center for Cardiac Fitness at The Miriam Hospital

208 Collyer Street, 2nd Floor • Providence, RI 02904 Phone: 401-793-5810 • Fax: 401-793-5815

Cardiac Rehabilitation Physician Referral

Referral Available in LifeChart for Lifespan Physicians Under Procedure REF5054

PATIENT			///	
ADDRESS				
CITY		STATE	ZIP	
HOME PHONE		CELL PHONE		
INSURANCE (1)		ID#		
INSURANCE (2)		ID#		
DIAGNOSIS:			lude: MI, PCI, Stable angina, Valve	
ICD-10 CODE(S):		repair & replacement, heart failure with an l	repair & replacement, Heart transplant, S/P CABG, Systolic heart failure with an EF ≤ 35%	
ONSET DATE	up to 1 year from e	event		
An entrance and discharge	e exercise stress test	: IS REQUIRED for cardiac rehab parti	icipation.	
$\ \square$ Please perform at the	Center for Cardiac	Fitness		
☐ Results enclosed				
☐ It has been scheduled	for DATE(please provide			
l consent to have my patie The Miriam Hospital.	ent participate in th	e Center for Cardiac Fitness Cardiac I	Rehabilitation Program at	
NAME OF PHYSICIAN (PLEASE	E PRINT)	PHONE:	FAX:	
DATE:	TIME:	MD SIGNATURE:		

For NON-LIFESPAN Physicians

Please fax recent discharge summary, cath report, office note, EKG, lipid profile, recent echo, and post-event exercise stress test to:

The Center for Cardiac Fitness at 401-793-5815