

Physician Order

Cardiac Rehabilitation at Adventist HealthCare Rehabilitation

Patient Name _____

11886 Healing Way, Suite 306 Silver Spring, MD 20904

Phone: 240-637-6016

Center for Fitness and Health at Shady Grove Medical Center

9715 Medical Center Drive, Suite 130 Rockville, MD 20850

____ Date of Birth _____

Phone: 240-826-6662

Date of MI/Procedure E	□ N/A	Date of Hospital Discharge	□ N/A
Diagnosis (select all appropriate):			
Cardiac □ Angina □ CABG □ MI □ CHF □ PCI EF:		Pulmonary ☐ COPD ☐ Restrictive Lung Disease ☐ Sarcoidosis ☐ Pulmonary Fibrosis Oxygen Use/Titration: Oxygen continuous @ Oxygen use: L prn with	L/m NC @rest
Other Diagnoses (specify):			
I certify as medically necessary for this	patien	t the following treatment(s)	:
☐ Cardiac Rehabilitation (Phase II)			
☐ Pulmonary Rehabilitation (Center for Fitness and Health site only)			
☐ Peripheral Artery Disease Rehabilitation (Supervised exercise therapy and risk factor reduction)			
☐ Enhanced External Counterpulsation (EECP) (Center for Fitness and Health site only)			
☐ Cardiac Maintenance Program (Phase III) (Center for Fitness and Health site only)			
Additional Orders/Comments:			
Physician Signature			
Physician Name (Print)		Date _	



Cardiac and Pulmonary Rehabilitation Locations

Center for Fitness and Health at Shady Grove Medical Center



9715 Medical Center Drive, Suite 130

Phone: 240-826-6662 Fax: 240-826-5815

Rockville, MD 20850

Cardiac Rehabilitation at Adventist HealthCare Rehabilitation



White Oak Medical Pavilion 11886 Healing Way, Suite 306 Silver Spring, MD 20904

Phone: 240-637-6016
Fax: 301-388-7620

Key:

- Cardiac Rehabilitation
- PAD Rehabilitation
- **★** Pulmonary Rehabilitation
- Enhanced External Counterpulsation (EECP)
- ▲ Phase III Cardiac Maintenance Program