## Cardiac Rehab Referral – Letter of Medical Necessity DOB: Phones - Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ I am referring my patient to De Phase II or De Phase III of the Cardiac Rehab program. I feel that this rehabilitation program is medically necessary for my patient to be assessed and treated due to the patient's history and following diagnosis: My patient will receive an entry stress test, an individual nutritional consultation, 3-12 weeks of telemetry monitoring, an individualized progressive exercise program, weekly education classes, and an exit stress test. Diagnosis: · HF patients must be stable meaning no ☐ Stable Angina recent (≤ 6 wks) hospitalizations ☐ Acute Myocardial Infarction or planned (≤ months) major cardiovascular Date: \_\_\_\_\_ ☐ Coronary Artery Bypass Surgery hospitalizations or procedures. ☐ PTCA or Coronary Stent Date: • HF patients must have ≤ 35% left ☐ Heart Valve Repair / Replacement Date: \_\_\_\_\_ ventricular ejection fraction. ☐ Heart or Heart-Lung Transplant Date: HF patients must have New York Heart ☐ Heart Failure (HF) Date: \_\_\_\_\_ Association class of II-IV. □ Other: **Required Documents –** *Please attach* ☐ 12 Lead EKG (Resting) ☐ Stress Test (Date): or check below ☐ Stress Test will be scheduled in physician's office and copy sent to Cardiac Rehab. ☐ Stress Test will be scheduled in Cardiology at NGMC. ☐ Lipid Profile or check below ☐ Lipid Profile will be done in physician's office and copy sent to Cardiac Rehab. ☐ Lipid Profile may be done at NGMC. ☐ EF (if known) ☐ Hemoglobin A1C (Diabetes) Physician Signature: Date: Please return to: ☐ Northeast Georgia M.C. Gainesville Fax: 770-219-8262 Phone: 770-219-8290 ■ Northeast Georgia M.C. Braselton Phone: 770-848-7190 Fax: 770-219-3317 ☐ Habersham Medical Center Phone: 706-754-3113 Fax: 706-754-8908 ☐ Stephens County Hospital Phone: 706-282-4182 Fax: 706-282-4184 RECOMMENDED START TIMES FOR CARDIAC REHAB Uncomplicated MI . . . . . . 2 Weeks Post Event PTCA ..... 1 Week Post PTCA





CARDIAC REHAB REFERRAL – Letter of Medical Necessity

CABG ...... 2 Weeks Post Surgery