

# CARDIOPULMONARY REHABILITATION AND EECF CENTER

## PHYSICIAN ORDER

PATIENT NAME: \_\_\_\_\_

PATIENT DATE OF BIRTH: \_\_\_\_\_

PATIENT TELEPHONE NUMBER: \_\_\_\_\_

### DIAGNOSIS:

#### Cardiac

- Angina 413.9
- MI 410.9
- PCI v45.82
- CABG v45.81
- Valve Surgery 424.0

Other (Specify) \_\_\_\_\_

ICD 9: \_\_\_\_\_

#### Pulmonary

- COPD 496.0
- Restrictive Lung Disease 519.9
- Sarcoidosis 135.0
- Pulmonary Fibrosis 516.31
- Lung Transplant v42.6

### Please Indicate the Treatment Medically Necessary for Your Patient:

\_\_\_\_\_ **CARDIAC REHABILITATION**

(Includes Telemetry Monitored Exercise And Risk Factor Reduction Programs)

\_\_\_\_\_ **PULMONARY REHABILITATION** (Exercise and Education)

(Includes Monitored Exercise And Risk Factor Reduction Programs)

\_\_\_\_\_ **EECF** – Enhanced External Counterpulsation

\_\_\_\_\_ **CARDIOPULMONARY MAINTENANCE**

ADDITIONAL ORDERS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

*The Center for Fitness & Health*  
at



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