



CARDIAC REHABILITATION

To schedule an appointment call (949) 452-7862
and fax this form to (949) 951-1102

Patient Name: _____

Patient Phone Number: _____ DOB: _____

Please ✓ the appropriate box(es) and sign at the bottom

- Diagnosis:**
- Acute Myocardial Infarction (AMI)
Documented in preceding 12 months
 - Chronic Systolic Heart Failure (E.F. < or = 35%)
 - Coronary Artery Bypass Graft (CABG)
 - Heart or Heart/Lung Transplant
 - Percutaneous Coronary Intervention (PCI)
 - Stable Angina Pectoris
 - Valve Repair / Replacement

Date of Initial Diagnosis: (Month/Day/Year) _____

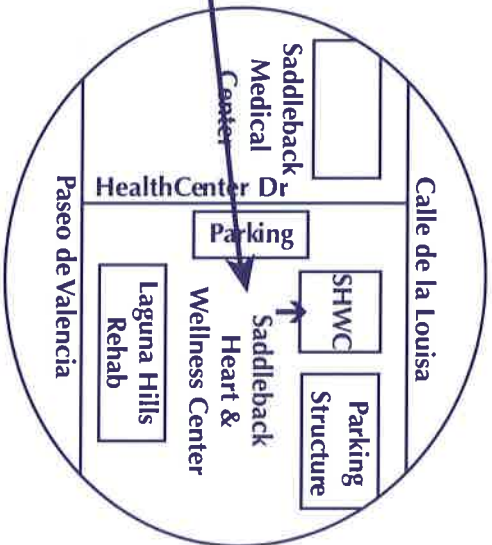
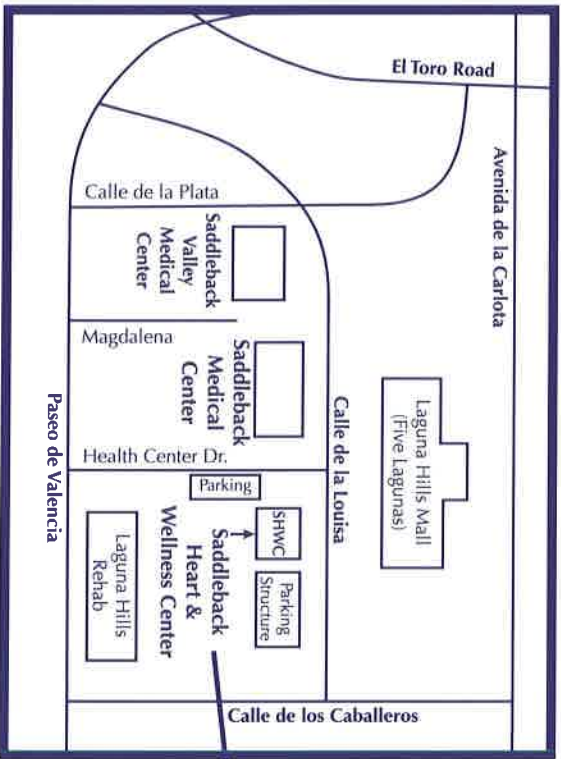
Procedure: Cardiac Rehabilitation (CPT 93798)
Target Heart Rate: _____
Metabolic Equivalent Table (MET) Level: _____

Physician
Name (printed): _____ NPI #: _____

Physician
Signature: _____ Date/Time: _____

Physician Phone #: _____

A consultative report will be sent to the referring physician.



We are located across the street from Saddleback Medical Center in the same building as MemorialCare Breast Center and Harvard Eye.

24401 Calle de la Louisa, Suite 202
(949) 452-7862