

**Conway Medical Center**  
**Cardiac Rehabilitation Program**

**Outpatient Referral Order**

2369 Cypress Circle  
 Conway, SC 29526  
 Phone: (843) 347-8153  
 Fax: (843) 347-1536 or (843) 347-8233

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

***Please check appropriate diagnosis and provide date of procedure:***

<input type="checkbox"/> MI	Date: _____	<input type="checkbox"/> Stable Angina	Date: _____
<input type="checkbox"/> CABG	Date: _____	<input type="checkbox"/> PCI with Stent	Date: _____
<input type="checkbox"/> Valve Replaced	Date: _____	<input type="checkbox"/> Valve Repaired	Date: _____
<input type="checkbox"/> Heart Transplant	Date: _____		

Location of Procedure: \_\_\_\_\_

Heart Failure with NYHA Classification  (Classification II – IV eligible for Phase 2)

***Please check the program appropriate for your patient:***

Phase 2 (Continuous EKG monitoring) 3 visits per week up to 36 sessions  
 Phase 3 (Maintenance Self Pay; Intermittent EKG monitoring)

*Pre-entry Stress Testing of patients is recommended by the South Carolina Cardiopulmonary Rehabilitation Association and required by Medicare. Please check your plan regarding a Stress Test for your patient.*

Stress Test was performed post event and I will forward the results.  
 I will schedule my patient for a Stress Test prior to program entry.  
 I do not want my patient to have a Stress Test at this time for the following reason:  
 Recent MI     Recent CABG     Recent Cardiac Catheterization     Other

***Please complete the following:***

Other pertinent Medical History (physical handicap or limitations): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (including dosages): \_\_\_\_\_

Please enroll my patient in the Cardiac Rehabilitation Program. As this patient’s referring physician, I can expect regular reports regarding my patient’s progress.

**X** \_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Physician Name – Printed

\_\_\_\_\_  
 Date