



Seton Medical Center Austin

A member of the Seton Family of Hospitals

Phase II Outpatient Cardiac Rehabilitation Program Prescription Form

Dear Dr. _____,

We feel this patient would benefit from a Phase II Outpatient Cardiac Rehabilitation program due to the following diagnosis and modifiable risk factors present.

American Heart Association Indications for Referral:

- MI*
 Stable Angina*
 CABG*
 PTCA/Stent*
 CHF
 OHT*
 Valvular Surgery*

* Indicates Medicare Covered Diagnosis

Modifiable/Controllable Risk Factors:

- Smoking
 Hypertension
 Diabetes
 Hypercholesterolemia
 Body Weight
 High Stress Levels
 Sedentary Lifestyle

Please sign the order below if you feel this is appropriate and the nurse will give a copy to your patient.

Thank you, _____

Name _____ Age _____

Address _____ Date _____

Begin Cardiac Rehabilitation Phase II

Diagnosis: _____

Monitored exercise 3 X per week, X _____ weeks

Risk factor reduction education

Progress according to Seton Cardiac Rehab Protocol

Progress to _____ METs. _____ minutes of exercise per session.

_____ M.D.

_____ M.D.

Product selection permitted

Dispense as written

DEA # _____