

Legacy Cardiac Rehabilitation

Physician Referral Form



Check one location for your referral

- Legacy Good Samaritan Medical Center • Phone: 503-413-6723 • Fax: 503-413-6768
- Legacy Meridian Park Medical Center • Phone: 503-692-2548 • Fax: 503-692-7692
- Legacy Mount Hood Medical Center • Phone: 503-674-1564 • Fax: 503-674-1356
- Legacy Salmon Creek Medical Center • Phone: 360-487-3770 • Fax: 360-487-3779
- Legacy Woodburn Health Center • Phone 971-983-5212 • Fax 503-944-6813
- Legacy Emanuel Medical Center • Phone: 503-413-4353 • Fax: 503-413-4661

All locations are hospital outpatient departments

Patient name _____
Phone _____ Date of birth (mm/dd/yyyy) _____

Cardiac Rehabilitation Program: Phase II (CPT code 93797 and 93798)*
Diagnosis: <input type="checkbox"/> Stable angina (I20.9) <input type="checkbox"/> STEMI (I21.3) <input type="checkbox"/> NSTEMI (I21.4) <input type="checkbox"/> CABG (Z95.1) <input type="checkbox"/> Stent (Z95.5)
<input type="checkbox"/> PTCA (Z98.61) <input type="checkbox"/> Heart valve repair (Z48.812) <input type="checkbox"/> Heart valve replacement (Z95.2) <input type="checkbox"/> Chronic Systolic HF (I50.22)
<input type="checkbox"/> Heart transplant (Z94.1)
ICD10 CODE: _____

Referring physician _____	Clinic name _____
Phone _____	Fax _____
Physician signature _____	Date _____

Legacy Cardiac Rehabilitation provides closely monitored, progressive exercise therapy following American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) guidelines and protocols. We follow ACLS protocol for the onset of chest pain, hypotension, arrhythmias, hypoxemia.

*Pre-authorization may be required.

**For provider: by signing this referral I approve cardiovascular and pulmonary occupational/physical therapy evaluate and treat if clinical Cardiac Rehab staff determine that 1:1 skilled therapy is more appropriate and/or referring diagnosis does not meet medical necessity requirements for traditional Phase II Cardiac Rehab.