

Legacy Cardiovascular Rehabilitation



Physician Referral Form

Check one location for your referral

- Legacy Emanuel Medical Center • Phone: 503-413-4353 • Fax: 503-413-4661
- 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 Silverton Medical Center • Phone 971-983-5212 • Fax 971-983-5215

All locations are hospital based departments.

| | | | |
|--------------------|----------------------------------|------------------------------|-------------------------------|
| Patient name _____ | <input type="radio"/> Male | <input type="radio"/> Female | <input type="radio"/> Unknown |
| Phone _____ | Date of birth (mm/dd/yyyy) _____ | | |

Supervised Exercise Therapy for Peripheral Artery Disease (CPT code 93668)

Diagnosis:

| | | | |
|--|--|---|--|
| Atherosclerosis of native arteries of extremities with intermittent claudication | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication | Atherosclerosis of non-biological bypass graft(s) of the extremities with intermittent claudication | Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication |
| <input type="radio"/> I70.211 – Right leg | <input type="radio"/> I70.311 – Right leg | <input type="radio"/> I70.611 – Right leg | <input type="radio"/> I70.711 – Right leg |
| <input type="radio"/> I70.212 – Left leg | <input type="radio"/> I70.312 – Left leg | <input type="radio"/> I70.612 – Left leg | <input type="radio"/> I70.712 – Left leg |
| <input type="radio"/> I70.213 – Bilat. legs | <input type="radio"/> I70.313 – Bilat. legs | <input type="radio"/> I70.613 – Bilat. legs | <input type="radio"/> I70.713 – Bilat. legs |
| <input type="radio"/> Other _____ | | | |

Please provide recent office notes to include the following:

- Medical history
- Documentation that the patient received education regarding cardiovascular disease and PAD risk factor reduction
- Documentation of symptoms of claudication
- Pertinent diagnostics and labs (if available)

Cardiac and Pulmonary Rehabilitation Wellness

Following supervised exercise therapy for PAD, patients may participate in our medically supervised, self-pay wellness program to continue their cardiovascular fitness and education.

I agree to have my patient participate in the Legacy Cardiac Rehabilitation Program:

| | |
|---------------------------|-------------------|
| 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