

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

Patient name _____ Male Female Unknown

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

Supervised Exercise Therapy for PAD (CPT code 93668)

Diagnosis:

- Peripheral arterial disease with claudication
Diagnosis code: I73.91

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*