



R. E. Olds Anderson Cardiac Rehabilitation

**Cardiac Rehabilitation
Medical Records Request**

407 W. Greenlawn, Meerman Gym
Lansing, MI 48910
Phone (517) 975-7050
Fax (517) 975-7062

Phase II _____
(Continuous ECG monitored exercise and education)

Phase III _____
(Supervised maintenance exercise and education program)

NAME _____

DOB _____ HOME PHONE _____

SOCIAL SECURITY NUMBER _____

CARDIOLOGIST _____

PRIMARY CARE PHYSICIAN _____

TYPE OF INSURANCE _____

DIAGNOSIS – STATUS POST _____

PLEASE FAX MEDICAL RECORDS AND CLEARANCE BY:

- | | |
|---|---|
| <input type="checkbox"/> Results of most recent Stress Test | <input type="checkbox"/> Recent Lipid Profile/FBS/HbA1c |
| <input type="checkbox"/> Most recent 12 Lead ECG | <input type="checkbox"/> Operative Report |
| <input type="checkbox"/> Current History and Physical or most recent office visit dictation | <input type="checkbox"/> Hospital discharge summary |
| | <input type="checkbox"/> Cardiac catheterization report |

I give my permission to release copies of the above records to the cardiac rehab program.

Patient Signature

Date