



PORT HURON

1221 Pine Grove Ave., Port Huron, MI 48060
Phone: (810) 989-3106 Fax: (810) 989-3153

Patient Identification

Cardiac Rehabilitation Prescription

Patient Name : _____
Date of Cardiac Event : _____

Date of Birth : _____
Patient Phone Number: _____

Diagnosis :

CABG	<input type="checkbox"/> Z95.1 Presence of aortocoronary bypass graft	
CHF	<input type="checkbox"/> I50.20 Unspecified Systolic (congestive) heart failure	
	<input type="checkbox"/> I50.22 Chronic systolic (congestive) heart failure	
	<input type="checkbox"/> I50.23 Acute on chronic systolic (congestive) heart failure	
	<input type="checkbox"/> I50.32 Chronic diastolic (congestive) heart failure	
	<input type="checkbox"/> I50.33 Acute on chronic diastolic (congestive) heart failure	
	<input type="checkbox"/> I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	
	<input type="checkbox"/> I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure	
	<input type="checkbox"/> I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	
Stent/PTCA	<input type="checkbox"/> Z98.61 Coronary angioplasty status without implant and graft	
	<input type="checkbox"/> Z95.5 Angioplasty with implant & graft	
	<input type="checkbox"/> Z98.62 Peripheral Angioplasty Status Post	
LVAD	<input type="checkbox"/> Z95.818 Presence of Cardiac Implant or Grafts	
	<input type="checkbox"/> Z95.9 Presence of Cardiac and Vascular Implant or Graft, unspecified	
Heart Valve Replacement	<input type="checkbox"/> Z95.2 Presence of Prosthetic Heart Valve	
	<input type="checkbox"/> Z95.3 Heart Valve Replaced by Transplant	
	<input type="checkbox"/> Z95.4 Presence of Other Heart Valve Replacement	
Heart Valve Repair	<input type="checkbox"/> Z98.89 Other specified postprocedural states	
	<input type="checkbox"/> Z95.3 Presence of Xenogenic Heart Valve	
TAVR	<input type="checkbox"/> Z00.6 Transcatheter Aortic Valve replacement	
Heart Transplant	<input type="checkbox"/> Z94.1 Heart Transplant Status	
Acute MI	<input type="checkbox"/> I21.1 STEMI of anterior wall	<input type="checkbox"/> I21.4 NSTEMI & nontransmural MI (If an NSTEMI involves a STEMI, code for a STEMI)
	<input type="checkbox"/> I21.01 STEMI involving left main coronary artery	<input type="checkbox"/> I22.0* Subsequent STEMI of anterior wall
	<input type="checkbox"/> I21.09 STEMI involving other coronary artery on anterior wall	<input type="checkbox"/> I22.1* Subsequent STEMI of inferior wall
	<input type="checkbox"/> I21.11 STEMI involving right coronary artery	<input type="checkbox"/> I22.2* Subsequent NSTEMI
	<input type="checkbox"/> I21.19 STEMI involving other coronary artery of inferior wall	<input type="checkbox"/> I22.8* Subsequent STEMI of other sites
	<input type="checkbox"/> I21.21 STEMI involving left circumflex coronary artery	<input type="checkbox"/> I22.0* Subsequent STEMI of unspecified site
	<input type="checkbox"/> I21.29 STEMI involving other site	<input type="checkbox"/> I25.2 Old myocardial infarction
	<input type="checkbox"/> I21.3 STEMI of unspecified site	
Stable Angina Pectoris	<input type="checkbox"/> I20.9 Angina Pectoris, unspecified	
	<input type="checkbox"/> I20.8 Other forms of Angina Pectoris	

*A code from I22 must be in conjunction with a code from I21. Sequencing depends on the circumstances of the encounter.

EF% _____ (must be < or equal to 35%) NYHA Class _____ (must be stable class 2-4)

Frequency and Duration: Phase II Cardiac Rehab 18-36 sessions Phase IV Cardiac Rehab Stress Test: included
Patient to begin rehab _____ wks after inpatient discharge waived

Additional Comments : _____

Print Physician Name : _____

Phone : _____

PHYSICIAN'S SIGNATURE	
Date: _____	Time: _____

