

The Center for Cardiac Fitness at The Miriam Hospital

208 Collyer Street 2nd Floor Providence, RI 02904

Providence, RI 02904 Phone: 401-793-5810 Fax: 401-793-5815

1454 South County Trail

Suite 1100

East Greenwich, RI 02818 Phone: 401-606-4080 Fax: 401-606-4081

Cardiac Maintenance Physician Referral

Referral Available in LifeChart for Lifespan Physicians Under Procedure REF5087

PATIENT			///
ADDRESS			
CITY		STATE	ZIP
HOME PHONE		CELL PHONE	
INSURANCE (1)		ID#	
INSURANCE (2)		ID#	
DIAGNOSIS			
ICD-10 CODE(S)		_	
ONSET DATE		_	
An entrance and annual stre		RED for cardiac maintenance particip	pation.
☐ Results enclosed	ancer for caralac		
☐ It has been scheduled fo	or DATE (please provide		
I consent to have my patient at The Miriam Hospital.	: participate in th	ne Center for Cardiac Fitness Cardiac	Maintenance Program
NAME OF PHYSICIAN (PLEASE P	'RINT)	PHONE:	FAX:
DATE:	TIME:	MD SIGNATURE:	

For NON-LIFESPAN Physicians

Please forward recent office note, EKG, lipid profile and *post-event* exercise stress test to:

The Center for Cardiac Fitness at 401-793-5815