

UM SMC at Chestertown
 100 Brown Street
 Chestertown, MD 21620
 Phone: 410-778-3300, ext. 2222
 Fax: 410-810-7197

UM SMC at Dorchester
 300 Byrn Street
 Cambridge, MD 21613
 Phone: 410-228-5511, ext. 8201
 Fax: 410-221-0771

UM SMC at Easton
 219 S. Washington Street
 Easton, MD 21601
 Phone: 410-822-1000, ext. 5208
 Fax: 410-763-8137

Patient Name:	PRIMARY Dx
DOB: Age: Sex:	492.8 Emphysema
Phone:	491.9 Chronic Bronchitis
Address:	493.20 Chronic Obstructive Asthma, unsp.
	496 COPD
	416 Primary Pulmonary Hypertension
Insurance Information:	515 Post Inflammatory Pulmonary Fibrosis
	518.84 Acute Chronic Respiratory Failure
	Other

STRESS TEST – MUST BE PERFORMED WITHIN 6 MONTHS

He/she **does**, **does not**, need a stress test prior to starting this program.

The program will be 3 times per week for 12 weeks or 36 sessions. Modifications may occur due to individual circumstances.

I have examined the above named patient and see no contraindications for participation in Pulmonary Rehabilitation / Respiratory Care Services.

Please refer for Nutrition Services as indicated.

Special Instructions: _____

 Physician's Name (Please Print)

 Signature of Referring Physician

 Date/Time

 Physician's Phone Number

 Physician's Fax Number



CIM.763907

PULMONARY REHABILITATION / RESPIRATORY
 CARE SERVICES WITH MONITORING
 REFERRAL FORM



UNIVERSITY of MARYLAND
 SHORE REGIONAL HEALTH