

**CARDIAC REHABILITATION
PHYSICIAN REFERRAL FORM**

MIM# PILOT

Section must be completed accurately to process referral

Patient name: _____
UNC MR#: _____ **DOB:** _____
Patient phone #: _____ **Patient county of residence:** _____

Please check the appropriate diagnosis and indicate the date of cardiac event

- Stable angina:** _____ **Heart valve repair/replacement:** _____
 Myocardial infarction: _____ **Heart transplant:** _____
 PCA/Stent: _____ **Other:** _____
 Coronary Artery Bypass Graft: _____

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare Law. When ordering test for which Medicare reimbursement will be sought, physicians should order only those individuals test that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

I have examined the patient listed above and have determined that his/her admission into the Cardiac Rehabilitation Program is medically necessary.

Referring Physician (please print): _____
Referring Physician signature/date: _____

Please fax to the appropriate cardiac rehabilitation program as indicated:

ORANGE
UNC Hospital – Chapel Hill
FAX : 919-843-2191 Phone: 919-843-2158

ALAMANCE
Heart Track – Burlington
FAX: 336-538-7529 Phone: 336-538-8120

CHATHAM
Chatham Hospital – Siler City
FAX: 919-799-4511 Phone: 919-799-4510

DURHAM
Durham Regional Hospital – Durham
FAX: 919-470-7439 Phone: 919-470-8152

Duke Center for Living – Durham
FAX : 919-668-1064 Phone: 919-660-6724

LEE
Central Carolina Hospital – Sanford
FAX: 919-774-2861 Phone: 919-774-2384

NASH
Nash Day Hospital – Rocky Mount
FAX: 252-451-3485 Phone: 252-451-3468

PERSON
Making Tracks – Roxboro
FAX: 336-598-7221 Phone: 336-503-5723

RANDOLPH
Randolph Hospital – Asheboro
FAX: 336-633-7750 Phone: 336-633-7752

ROBESON
Southeastern Hospital – Lumberton
FAX: 910-671-1439 Phone: 910-738-5403

WAKE
Rex Hospital - Cary/Raleigh
FAX: 919-784-3442 Phone: 919-784-3756

WakeMed – Raleigh
FAX: 919-350-2969 Phone: 919-350-8609

COUNTY: _____
Facility name: _____
City: _____
Fax: _____
Phone: _____