

**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: \_\_\_\_\_