Referral Prescription- Respiratory Rehab

United Regional Health Care System
Cardiopulmonary Rehabilitation
(940) 764-8284 Phone 1600 Eleventh St. Wichita Falls, TX 76301

Please provide the following information:		
Patient Name:	**Date:**	**Time:**
Phone Number:	**DOB:**	
Referring Physician:		

In order to qualify for Respiratory Rehabilitation, patients must meet the following 2 criteria:
1. Within three months prior to initiation, Pulmonary Function Tests (PFTs) revealing Forced Volume Capacity (FVC) or Forced Expiratory Volume in one second (FEV1) must be less than 60 percent of predicted or Carbon Monoxide Diffusing Capacity (Dco) less than 60 percent of predicted.
2. Patients must have one of the following diagnoses below **(please circle one)**:

D86.9	Sarcoidosis
E849	Cystic Fibrosis without meconium ileus
G35	Multiple Sclerosis
G61.0	Acute infective polyneuritis
G70.0-G70.01	Myasthenia gravis
G70.80-G73.1	Lambert-Eaton syndrome, unspecified
G70.81	Lambert-Eaton syndrome in other diseases classified elsewhere
J41.0-J41.1	Chronic bronchitis
J44.9	Obstructive chronic bronchitis, without exacerbation
J41.8	Other chronic bronchitis
J43.9	Other emphysema
J44.9	Chronic obstructive asthma, unspecified
J45.990-J45.991	Other forms of asthma
J47.9-J47.1	Bronchiectasis
J44.9	Chronic airway obstruction, not elsewhere classified
J68-J68.9	Pneumoconioses and other lung diseases due to external agents
J68.0	Bronchitis and pneumonitis due to fumes and vapors
J68.4	Chronic respiratory conditions due to fumes and vapors
J68.9	Unspecified respiratory conditions due to fumes and vapors
J70.1-J70.5	Chronic and other pulmonary manifestations due to radiation
J84.10 or J84.89	Postinflammatory pulmonary fibrosis
J84.01	Pulmonary alveolar proteinosis
J84.02	Other alveolar and parietoalveolar pneumonopathy
J84.111	Idiopathic interstitial pneumonia, not otherwise specified
J84.81-J84.82	Lymphangioleiomyomatosis
J84.09	Other specified alveolar and parietoalveolar pneumonopathy
J98.2	Interstitial emphysema
J95.84	Transfusion related acute lung injury (TRALI)
J98.4	Other diseases of lung, not elsewhere classified
M41.20	Scoliosis (and kyphoscoliosis) idiopathic

MD Signature_____

PLEASE SIGN AND FAX TO (940) 764-8289

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