

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

<i>Please provide the following information:</i>		
Patient Name:	Date:	Time:
Phone Number:	DOB:	
Referring Physician:		
Diagnosis:		

In order to qualify for Pulmonary Rehabilitation, patients must meet all of the following 3 criteria:

1. Patients must have had PFT's within last 3 months meeting the definition of COPD GOLD Classification II, III, or IV (minimally, an (FEV₁/FVC < 70 percent; FEV₁ <80 percent).

2. Patient has a diagnosis of either emphysema or chronic bronchitis (please circle one).

3. Patients must have one of the following diagnoses below (please circle one):

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 airway obstruction, not elsewhere classified

MD Signature_____

PLEASE SIGN AND FAX TO (940) 764-8289

