

NGMC Habersham
706-754-3113, ext 22455
Fax: 706-754-8908

NGMC Gainesville
770-219-8264
Fax: 770-219-8262

NGMC Braselton
770-848-7192
Fax: 770-219-3317

Patient Name: _____ DOB: _____

Phone: Home: _____ Cell/Work: _____

Diagnosis: **PLEASE INCLUDE ICD-10 CODE WITH DIAGNOSIS**

- | | |
|--|--|
| <input type="checkbox"/> COPD _____ | <input type="checkbox"/> Emphysema _____ |
| <input type="checkbox"/> Chronic Bronchitis _____ | <input type="checkbox"/> Interstitial Lung Disease _____ |
| <input type="checkbox"/> Idiopathic Pulmonary Fibrosis _____ | <input type="checkbox"/> Other: _____ |

This individualized pulmonary rehab Phase II and Phase III program is medically necessary for the continued improvement of this patient.

REQUIRED DOCUMENTS:

- Patient Demographics / Copy of Insurance Cards
- Current H&P Note
- Current PFT \leq 12 months
- Prescribed oxygen flow rate and prescribed SpO2 parameters if on home O2

Medicare requires that a **COPD** patient meet Gold Stages II -IV
FEVI < 80% Predicated, post FEVI/FVC < 70% Actual, post

PROGRAM INCLUDES: Pre/Post 6MWT, educational classes, individual nutritional consultation, medication review. Patients exhibiting consistent improvement in functional capacity may be increased in 0.5-1 MET increments. **Limited to respiratory therapist guided:** Oxygen therapy for exercise SpO2 below 88% per oximeter.

Increases in workloads will be initiated when the following criteria are met: Exercising blood pressure less than 210/110. Exercising heart rate does not consistently exceed +30 of resting heart rate. Patient maintains an oxygen saturation \geq 88%. Dyspnea \leq 4 on a 0-10 dyspnea scale.

To the best of my knowledge this patient is motivated to participate in the pulmonary rehab program.

Physician Signature

Date

Physician Dictate ID # or printed name: _____

