WakeMed Outpatient Rehab
Pulmonary Rehab and
Cardiopulmonary Therapy

WakeMed Rehabilitation

This order is for Physical Therapy Evaluation & Treatment, Respiratory Therapy Evaluation & Treatment, Simple Spirometry, Referral to Pulmonary Rehab, and approval of Outpatient Pulmonary Rehab and Cardiopulmonary Therapy Protocol.

Date: _____ Patient Name: _____

Date of Birth: _____ Patient Phone #: _____ ☐ Call To Schedule Patient

Diagnosis: _____ ICD 10 Codes: _____

Is the diagnosis COPD? ☐ Yes ☐ No

Please read protocol carefully and be specific if there are precautions or restrictions you want to differ from the protocol.

Restrictions: _____

Precautions: _____

Comments: _____

Print Physician Name: _____ Credentials: _____

Date/Time: _____ Physician Signature: _____

Signature indicates agreement with protocol unless otherwise stated.

Next Physician Visit: _____ *Note: This order is valid for 90 days from date signed.*

Healthpark at Kildaire
110 Kildaire Farm Road, Suite 201
Cary, NC

WakeMed Healthpark
3000 New Bern Ave
Raleigh, NC

Scan QR Code
To Access Latest
Protocols

Referral phone number: 919-350-8786
Referral fax number: 919-350-5997