

Date: [Insert Date]

To: [Receiving Clinician/Facility Name]

Department: [Cardiovascular Rehabilitation Unit]

Address: [Facility Address]

RE: Transfer of Care for Cardiovascular Rehabilitation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Hospital ID: [ID Number]

Dear [Clinician Name],

This letter is to formally transfer the care of the above-named patient for Phase II Cardiovascular Rehabilitation following a Coronary Artery Bypass Graft (CABG) procedure.

Clinical Summary:

- **Date of Surgery:** [Insert Date]
- **Procedure:** CABG x [Number of grafts] (Grafts used: [e.g., LIMA to LAD, SVG to RCA])
- **Indication:** [e.g., Triple vessel disease, NSTEMI]
- **Left Ventricular Ejection Fraction (LVEF):** [Percentage]% (Post-op)
- **Inpatient Course:** [Uncomplicated / Notable complications such as AFib or pleural effusion]

Current Status:

- **Sternal Stability:** [Stable / Precautions in place]
- **Wound Status:** [Healing well / Sutures removed]
- **Exercise Tolerance:** [e.g., Independent ambulation of 200ft]

Active Medications:

[List key medications: e.g., Aspirin, Beta-blockers, Statins, ACE inhibitors, Anti-platelets]

Recommendations for Rehabilitation:

- Monitor for post-operative arrhythmias.
- Gradual increase in aerobic intensity as tolerated.
- Adhere to sternal precautions for [Number] weeks.
- [Insert specific restrictions or goals].

The patient is medically cleared to begin supervised outpatient cardiac rehabilitation. Please find the attached operative report and discharge summary for further detail.

Sincerely,

[Physician Signature]

[Physician Name and Title]

[Department/Hospital Name]

[Contact Phone/Email]