

**Date:** [Date]

**To:** [Community Exercise Provider/Primary Care Physician]

**Address:** [Address line 1]

**City/State/Zip:** [City, State, Zip]

**RE: Transfer of Care - Phase II to Phase III Cardiovascular Rehabilitation**

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Primary Diagnosis:** [Diagnosis/Procedure]

Dear [Recipient Name],

This letter serves to formally transfer the above-named patient from Phase II Clinical Cardiac Rehabilitation to Phase III Community-Based/Maintenance Rehabilitation.

**Clinical Summary:**

The patient has successfully completed [Number] sessions of supervised Phase II rehabilitation. During this period, the patient remained hemodynamically stable and demonstrated appropriate physiological responses to exercise.

**Current Exercise Prescription:**

- **Frequency:** [Number] days per week
- **Intensity:** [RPE Range/Target Heart Rate Range]
- **Duration:** [Number] minutes per session
- **Modalities:** [e.g., Treadmill, Cycling, Resistance Training]

**Functional Status & Goals:**

The patient's peak functional capacity is currently estimated at [METs/Watts]. The primary goal for Phase III is the maintenance of cardiovascular fitness and long-term risk factor modification.

**Specific Considerations/Precautions:**

[Insert any specific limitations, orthopedic concerns, or red-flag symptoms to monitor].

The patient has been educated on self-monitoring and the importance of adherence to a lifelong exercise program. Attached you will find the final Phase II assessment and most recent exercise log.

Please contact our department at [Phone Number] if you require further clinical information.

Sincerely,

[Signature]

[Name of Cardiac Rehab Coordinator]

[Facility Name]