

Date: [Date]

To: [Receiving Clinician/Facility Name]

Facility: [Facility Name]

Address: [Facility Address]

RE: Transfer of Care for Cardiovascular Rehabilitation

Patient Name: [Patient Name]

Date of Birth: [DOB]

Hospital Reference Number: [ID Number]

Dear [Clinician Name],

This letter is to formally transfer the care of the above-named patient for participation in a Phase II/III Cardiovascular Rehabilitation program following a Percutaneous Coronary Intervention (PCI).

Clinical Summary:

Date of Procedure: [Date]

Indication: [e.g., STEMI, NSTEMI, Unstable Angina, Stable Ischemia]

Access Site: [e.g., Right Radial, Femoral]

Vessels Treated: [e.g., LAD, RCA, LCx]

Stent Type: [e.g., Drug Eluting Stent (DES)]

Ejection Fraction: [EF %] (as of [Date])

Post-Procedure Complications: [None or specify complications]

Current Medications:

[List medication, dose, and frequency - specifically Antiplatelets, Beta-blockers, ACE inhibitors, and Statins]

Physical Activity Recommendations:

The patient has been cleared for exercise-based rehabilitation. Please observe the following precautions:

- [List specific restrictions, e.g., lifting limits, site care]
- Target Heart Rate Zone: [Range if applicable]

Follow-up Plan:

The patient is scheduled for a follow-up appointment with the Interventional Cardiologist on [Date].

Please find the attached discharge summary and recent ECG for your records. If you require further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Department/Hospital Name]