

Date: [Date]

To: [Receiving Clinician/Facility Name]

Department: Cardiovascular Rehabilitation Services

Address: [Facility Address]

RE: Transfer of Care for Cardiovascular Rehabilitation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Surgery: [Surgery Date]

Dear [Clinician Name],

This letter is to formally transfer the care of the above-named patient for Phase II/III Cardiovascular Rehabilitation following heart valve replacement surgery.

Surgical Details:

- **Procedure:** [e.g., AVR, MVR, TAVR]
- **Valve Type:** [e.g., Mechanical, Bioprosthetic]
- **Surgical Approach:** [e.g., Full Sternotomy, Minimally Invasive]
- **Post-Operative Complications:** [None or specify, e.g., Atrial Fibrillation]

Clinical Status at Discharge:

- **Most Recent Echo:** [Date/Key Findings]
- **Current Medications:** [List key meds, especially Anticoagulants and Beta-Blockers]
- **Wound Status:** [e.g., Incision well-healed, staples removed]
- **Activity Restrictions:** [e.g., Sternotomy precautions, lifting limits]

Rehabilitation Goals:

The primary goals for this patient include aerobic conditioning, strength training within sternal precautions, medication adherence education, and risk factor modification.

Attachments Included:

- Operative Report
- Discharge Summary
- Pre-discharge ECG
- Current Medication List

Please contact our office at [Phone Number] if you require further clinical information or clarification regarding the patient's surgical recovery.

Sincerely,

[Signature]

[Printed Name and Title]

[Surgical Department/Hospital Name]