

Date: [Date]

To: [Receiving Provider/Physician Name]

Facility: [Facility Name]

Address: [Address, City, State, Zip]

RE: Transfer of Care for Cardiovascular Rehabilitation (Maintenance Phase)

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear [Provider Name],

This letter is to formally transfer the care of the above-mentioned patient to your facility for Phase III/IV (Maintenance) Cardiovascular Rehabilitation. The patient has successfully completed Phase II (Outpatient Monitored) Cardiac Rehabilitation at [Current Facility Name] on [Completion Date].

Clinical Summary:

- **Primary Diagnosis:** [e.g., Post-MI, CABG, PCI, Heart Failure]
- **Procedure Date:** [Date]
- **Relevant Comorbidities:** [List relevant conditions]

Phase II Outcomes:

- **Total Sessions Completed:** [Number]
- **Exercise Capacity:** Initial METS: [Value] | Exit METS: [Value]
- **Resting BP/HR:** [Value] / [Value]
- **Peak Exercise BP/HR:** [Value] / [Value]
- **Weight/BMI Change:** [Start Value] to [End Value]

Recommended Maintenance Exercise Prescription:

- **Frequency:** [Number] days per week
- **Intensity:** [e.g., 60-80% of Max HR or RPE 11-14]
- **Time:** [Number] minutes per session
- **Type:** [e.g., Walking, Cycling, Resistance Training]

Special Considerations/Precautions:

[Note any arrhythmias, orthopedic limitations, or specific symptoms to monitor]

The patient has been educated on the importance of long-term adherence to this exercise regimen and risk factor modification. Please find the attached final discharge summary and recent ECG for your records.

If you have any questions regarding this transfer, please contact our office at [Phone Number].

Sincerely,

[Your Name/Signature]

[Your Title/Role]

[Current Facility/Program Name]