Outpatient Cardiac Rehab Programs
Cardiac Rehab Services by Region

**BOSTON & CAMBRIDGE**
- Boston Medical Center—Boston 617-638-8720 ♥
- Faulkner Hospital—Boston 617-983-7105 ♥
- Massachusetts General Hospital—Boston 617-726-1843 ♥
- Benson-Henry Institute (MGH)—Boston 617-643-6090 ♥
- Mount Auburn Hospital—Cambridge 617-499-5024 ♥
- Spaulding Rehab—Cambridge 617-876-4344 &

**GREATER BOSTON REGION**
- Lahey Clinic—Burlington 781-744-2460 ♥
- Lawrence Memorial Hospital—Medford 781-306-6840 &
- Melrose-Wakefield Hospital—Melrose 781-979-3171 ♥
- MetroWest Medical Center—Framingham 508-383-1679 ♥
- Newton-Wellesley Hospital—Newton 617-243-6378 ♥

**NORTHEAST REGION**
- Anna Jacques Hospital—Newburyport 978-463-1388 &
- Beverly Hospital/Lahey—Danvers 978-304-8444 &
- Emerson Hospital—Concord 978-287-3732 &
- Holy Family Hospital—Methuen 978-687-0156 &
- Lawrence General Hospital—Lawrence 978-946-8399 &
- Lowell General Hospital—Lowell 978-934-8238 &
- Nashoba Valley Medical Center—Ayer 978-784-9543 &
- North Shore Medical Center—Union Hospital—Lynn 781-477-3300 ♥
- UMass Memorial HealthAlliance Hospital—Leominster 978-466-2431 &

**CENTRAL REGION**
- Harrington Hospital—Southbridge 508-765-2295 &
- Heywood Hospital—Gardner 978-630-6261 ♥&
- Milford Regional Medical Center—Milford 508-422-2464 ♥&
- UMass Memorial Marlborough Hospital 508-486-5465 ♥&
- UMass Memorial Medical Center—Worcester 508-856-1808 &

♥ Accepts patients with heart failure
& Accepts patients with a LVAD
Consult with your cardiologist to obtain a referral.
Insurance coverage varies

**WEST REGION**
- Baystate Franklin Medical Center 413-773-0211 ♥
- Baystate Medical Center—Springfield 413-794-7024 &
- Berkshire Medical Center—Pittsfield 413-447-3093 ♥
- Cooley Dickinson Hospital—Northampton 413-854-9736 &
- Holyoke Hospital—Holyoke 413-534-2555 &

**SOUTHEAST REGION**
- Beth Israel Deaconess Hospital—Milton 617-313-1410 ♥
- Beth Israel Deaconess Hospital—Plymouth 508-830-2650 ♥
- Brigham and Women’s—Foxborough 508-718-4661 &
- Brockton Hospital—Brockton 508-941-7558 ♥
- Norwood Hospital—Norwood 781-769-4000 ♥&
- Saint Anne’s Hospital—Fall River 508-674-5600 ♥
- Southcoast Cardiac Rehab—Wareham (Durfee Union—Fall River; Tobey Hospital—Tabor; St. Luke’s Hospital—New Bedford) 508-973-5435 ♥&
- South Shore Hospital—Weymouth 781-624-8884 ♥
- Sturdy Memorial Hospital—Attleboro 508-236-7390 &

**CAPE COD**
- Cape Cod Hospital—Hyannis 508-957-7300 &
- Falmouth Hospital—Falmouth 508-495-7676 &
- Martha’s Vineyard Hospital—Oak Bluffs 508-957-9524 &

For the latest information on programs in your area visit the Massachusetts Association of Cardiovascular and Pulmonary Rehabilitation at [www.macvpr.org](http://www.macvpr.org), or call the American Heart Association at [800-242-8721](tel:800-242-8721).

Updated August 2015
### Prescription for Referral to Outpatient Cardiac Rehabilitation

1. Please provide demographic information about the patient in the space above—print legibly, or attach a patient identification label.

2. Referral to outpatient cardiac rehabilitation is indicated within 12 months of any of the events or diagnoses listed below. Please check ALL that apply to this patient.

<table>
<thead>
<tr>
<th>Event/Diagnosis</th>
<th>Date of event or diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic stable angina / coronary artery disease</td>
<td><em><strong>/</strong></em>/_____</td>
</tr>
<tr>
<td>Unstable angina / coronary artery disease</td>
<td><em><strong>/</strong></em>/_____</td>
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<tr>
<td>Acute myocardial infarction (MI; NSTEMI, STEMI)</td>
<td><em><strong>/</strong></em>/_____</td>
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<tr>
<td>Coronary angioplasty/stent (PCI)</td>
<td><em><strong>/</strong></em>/_____</td>
</tr>
<tr>
<td>Coronary artery bypass surgery (CABG)</td>
<td><em><strong>/</strong></em>/_____</td>
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<tr>
<td>Heart valve repair or replacement surgery</td>
<td><em><strong>/</strong></em>/_____</td>
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<tr>
<td>Other major surgery of heart or great vessels</td>
<td><em><strong>/</strong></em>/_____</td>
</tr>
<tr>
<td>Heart transplantation, or heart-lung transplantation</td>
<td><em><strong>/</strong></em>/_____</td>
</tr>
<tr>
<td>Congestive heart failure (CHF), NYHA class III or IV</td>
<td><em><strong>/</strong></em>/_____</td>
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<tr>
<td>Placement of a ventricular assist device (VAD)</td>
<td><em><strong>/</strong></em>/_____</td>
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<tr>
<td>Cardiac arrest / survival from sudden cardiac death</td>
<td><em><strong>/</strong></em>/_____</td>
</tr>
<tr>
<td>Sustained ventricular tachycardia or ventricular fibrillation</td>
<td><em><strong>/</strong></em>/_____</td>
</tr>
</tbody>
</table>

**Patient’s primary outpatient cardiologist:**

Name __________________________________________

Telephone Number (_____) - _____ - ______

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**Printed name and credentials of prescribing provider**

Signature _______________________________________

___/___/_____

Date

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*If available, please provide copies of the following documents to the patient to facilitate communication with the cardiac rehabilitation program:*

- Current medication list
- Recent ECG tracings and interpretation
- Most recent cardiologist office visit note
- Cardiac catheterization/PCI report
- Echocardiogram report
- Hospital discharge summary
- Operative report
- Stress testing report