MemorialCare™
Saddleback Medical Center

OUTPATIENT PULMONARY REHABILITATION

PHONE (949) 452-7855 • FAX (949) 951-1102

Patient Name: _____

Patient Phone Number: _____ DOB: _____

✓	Please ✓ the appropriate box(es) and sign at the bottom	
	ICD-10	**DIAGNOSIS**
	D86.0	Sarcoidosis with lung involvement
	E84.9	Cystic fibrosis
	E84.0	Cystic fibrosis with pulmonary manifestations
	J42	Chronic bronchitis
	J45.30	Mild persistent asthma
	J45.40	Moderate persistent asthma
	J45.50	Severe persistent asthma
	J47.9	Bronchiectasis
	J44.9	COPD
	J44.9	Chronic airway obstruction
	J60	Coal workers' pneumoconiosis
	J62.8	Pneumoconiosis due to other silica or silicates
	J63.6	Pneumoconiosis due to other inorganic dust
	J64	Pneumoconiosis, unspecified
	J61	Pneumoconiosis due to asbestos and other mineral fibers
	J66.8	Airway disease due to other specific organic dusts
	J68.4	Chronic respiratory conditions due to chemicals, gases, fumes, and vapors
	J70.8	Respiratory conditions due to other specified external agents
	J84.10	Post inflammatory pulmonary fibrosis
	J84.112	Idiopathic pulmonary fibrosis
	J98.2	Interstitial emphysema
	Z90.2	Acquired absence of lung (part of)
	J98.4	Other chronic pulmonary conditions with required severity and disability required severity and disability documentation
SERVICES		
	PULMONARY REHABILITATION	PULMONARY REHABILITATION PROGRAM 36 visits at 2 hours 2 times a week for 9 weeks
	PULMONARY FUNCTION TEST	

Physician Name: _____ NPI#: _____

Physician Signature: _____ Date/Time: _____

Physician Contact Information : Address: _____

Phone: _____ Fax: _____