



Pulmonary Rehabilitation Referral

284 Hospital Drive, Price, Utah 84501

Phone: (435) 636-4841 Fax: (435) 636-4897

Patient Name: _____

DOB: _____

Patient Contact Info: _____

Pulmonary Rehabilitation

Diagnosis:

- Mucopurulent chronic bronchitis J41.1
- Mixed simple and mucopurulent chronic bronchitis J41.8
- Unilateral pulmonary emphysema [Macleod's syndrome] J43.0
- Panlobar emphysema J43.1

- Centrilobular emphysema J43.2
- Other emphysema J43.8
- COPD with acute lower respiratory infection J44.0
- COPD with acute exacerbation J44.1
- COPD, unspecified J44.9
- Post COVID-19 condition, unspecified U09.9

Date of Intervention(s): _____

Comorbidities: _____

Special Instructions: _____

Physician Signature: _____ Time/Date: _____