Memorial Hermann Health System
Supervised Exercise Therapy for Peripheral Artery Disease (PAD) Referral Order

Patient Name: _____ Patient DOB: _____

Phone #1: _____ Phone #2: _____

SET for PAD (CPT 93668)	Right Leg	Left Leg	Bilateral Legs	Other
Atherosclerosis of native arteries of the extremities with intermittent claudication:	☐ I70.211	☐ I70.212	☐ I70.213	☐ I70.218
Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication:	☐ I70.311	☐ I70.313	☐ I70.313	☐ I70.318
Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication:	☐ I70.411	☐ I70.414	☐ I70.413	☐ I70.418
Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication:	☐ I70.511	☐ I70.515	☐ I70.513	☐ I70.518
Atherosclerosis of nonbiological vein bypass graft(s) of the extremities with intermittent claudication:	☐ I70.611	☐ I70.616	☐ I70.613	☐ I70.618
Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication:	☐ I70.711	☐ I70.717	☐ I70.713	☐ I70.718

☐ Attestation: I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

Provider Signature	Print Name	NPI/MHHS ID.	Date	Time ☐ AM ☐ PM	Contact No.

Provider Address _____

FACILITY LOCATION

☐ **Heart and Vascular Institute Texas Medical Center**
6414 Fannin St., Ste G-100
Houston, TX 77030
P 713-704-5805
F 713-704-6358

☐ **Memorial Hermann Hospital Northeast**
18951 N. Memorial Dr.
Humble, TX 77338
P 281-540-7973
F 281-319-5739

Other location _____

MEMORIAL HERMANN

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