PHYSICIAN RELEASE

Dr	:		
		_would like to begin an exercise program and/or a sports activity at . After reviewing his/her responses to our cardiovascular screening	
questionnaire, we w exercise/sports activ	ould appreciate yo	ur medical opinion and recommendations concerning his/her participation in	1
Please provide the fo	llowing informatio	n and return this form to our fax number 301.261.7851.	
		nditions that this office should be aware of before this individual begins vity at?	;
	Yes	□ No	
If yes, please specific	:y:		
• Your s	pecific recommen	ise test report and interpretation. dations for exercise training, including heart rate limits during exercise. ercise/sports activities at	
	☐ Yes	□ No, because:	
-			
Phone:		Fax:	

Thank you with your help in getting this patient started on an exercise/sports program.

Edger Therapy, P.A., is a musculoskeletal health, wellness and rehabilitation clinic. Our office is an evidence-based practice which conducts functional assessments and provides functional outcomes for those individuals suffering from the acute stages of pain and disability. Following the successful management of pain and disease the client will be promoted to a healthier lifestyle of fitness and injury prevention within the scope of our practice. Our patients will encounter a commitment to professional integrity, accountability and a willingness to exceed expectations.

Edger Therapy, P.A., is a preferred provider with Carefirst BlueCross and BlueShield and the Centers for Medicare and Medicaid. Edger Therapy is an out-of-network provider for all other insurance companies. The office will provide effective payment options for our patients and will function as a liaison between the patient and their insurance company regarding specific payment responsibilities.

Edger Therapy, P.A. accepts workman's compensation cases.

Thank you for allowing this office to participate in your medical and fitness needs.