physician referred exercise program

atlanticmedicalfitness.com

thank you for prescribing exercise.

[] p.r.e.p. [®]				[] p.r.e.p. are	
[] General Health Track [] Arth		ritis Track	[] Prenatal Track		
[] Diabetes Management Track [] Hea		thy Back	[] Hip Surgery		
[] Healthy Hearts Track [] Other		r	[] Knee Surgery * p.r.e.p.* are patients are eligible to come back and do p.r.e.p.* post surgery and/or child birth. Ask a p.r.e.p.* Member Coordinator for details.		
Patient is cleared for unsupe	ervised exercise. If the	ere are any pro	ecautions/special condition	ons please list here.	
Patient Information			Provider Information		
Patient name			Provider name (print)		
Patient phone					
Date of Birth /			Provider signature		
Bloodwork (optional)			Date / / .		
Total Cholesterol HDL			Provider phone		
			Provider fax		
Fax completed form to patient's The Atlantic Club Fitness & Wellness Center locations:			You will receive progr	ess reports on your patients.	
	1904 Atlantic / Manasquan, NJ phone 732 fax 800 325 Maple Av Red Bank, NJ phone 732	0 8 7 3 6 292.4350 758.0948 RED BANK, NJ e n u e 0 7 7 0 1 450.4408	Provider Stamp		
	fax 800.	853.5519			