



3101 Fallstaff Road · Baltimore, MD 21209
(410)358-6856 (PHONE) · (410)358-1816 (FAX)
www.myerberg.org

Office Use:
____ Evaluation Required
____ No Evaluation Required

PHYSICIAN RELEASE FORM

Please Print

Patient Name: _____ DOB: ____/____/____ Phone: _____

Physician's Name: _____ Specialty: _____

Physician Phone: _____ Fax: _____

Physician Address: _____
Street City State Zip

By signing, I give consent for The Myerberg to contact my Physician to complete the information below on my behalf.

_____ (Signature)

For Physician Use Only
Please check one of the following:

- Member cleared to exercise without restrictions.
- Member cleared to exercise, but limited to: _____

- Member cleared to exercise within the following guidelines:
 Percentage of Max Heart Rate: _____ %
 Frequency: _____ times per week
 Duration: _____ to _____ minutes
 Member is cleared to perform strength training regimen (circle): YES / NO

Additional Comments: _____

Physician Signature: _____ Date: ____/____/____