



**To:** Dr. \_\_\_\_\_ **From:** Lester Pardoe, BPE

**BCSM Phone:** (303) 441-2224 **Date:** 10/7/2008

**Re:** The patient named below has requested to participate in PowerMax Indoor Cycling Training at the Boulder Center for Sports Medicine. PowerMax may include sub maximal and maximal efforts. Due to age or risk factors for heart disease, our policy dictates that each male over 45 or female over 55 must have a current EKG or medical clearance for participation in this program. The 12-lead EKG may be waived if you, the patient's doctor, feel there is no need for it. If you agree, based on the paragraph below, please fill in this information and sign below. Of course, we would be happy to answer any questions you may have. Thank you very much!

In order for BCSM to waive the 12-lead EKG monitoring test and fee, the following form must be completely filled out by the patient's physician.

**Patient Name:** \_\_\_\_\_ **Date of PowerMax Program at BCSM:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Physician Office Phone Number:** \_\_\_\_\_

**Physician Office Address:** \_\_\_\_\_

**Physician Medical License Number:** \_\_\_\_\_

By signing below, I understand that the patient named above may be performing exercise at sub maximal and **maximal** effort at the Boulder Center for Sports Medicine. I agree that I have sufficiently evaluated this patient for cardiovascular disease, and do not believe that there are any contraindications for this patient to perform a maximal exercise, without EKG monitoring, and with no physician present.

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**