



THE JOHNS HOPKINS HOSPITAL

Baltimore, Maryland 21205

Circle Patient Category: Discharge Employee OP Clinic Private OP Intern - Res - Fellow Student Nurse - Med. Student	History No.:			
	Name:			
Circle Route Oral Topical IM or SQ Otic Ophthalmic Diagnostic	Address:			
	Age:	Weight:	Date:	Service or Clinic:

NOT VALID FOR CONTROLLED SUBSTANCES

Prescription for Personal Exercise Program:

- Warm up** by walking slowly for at least 3 to 5 minutes **before** each exercise routine.
- Perform the following **exercise routine** at least ____ times per week:
 - Walk at a fast pace for at least ____ minutes.
 - Other:
- Cool down** by walking slowly for at least 3 to 5 minutes **after** each exercise routine.
- Your target heart rate for peak exercise is ____ beats per minute.
(this is 55-85% of your maximum heart rate, which is 220 minus your age)

M.D.

Physician's Signature

J.H.H Physician's I.D. No.

Physician's Name (print)

DEA NUMBER