p.r.e.p.® | acac
physician referred exercise program

Physician Referred Exercise Program®

acac Fitness & Wellness Center's guided introduction to exercise where participants meet with medical fitness professionals to develop a customized fitness plan tailored to their individual needs.

60 days for $99

Participants enjoy:

- Full access to all acac fitness facilities
- Two optional supervised sessions per week
- Hundreds of weekly group exercise classes
- Aquatics centers, included heated therapy pools
- Access to expert team of nurses & certified trainers
- Nutritional support and fitness education

> "When I was diagnosed with fatty liver disease, my doctor advised me to get in the prep program at acac. I took off the necessary weight to improve my liver function. The success of this program persuaded my husband to get a recommendation from his doctor to join as well. We are not in the best of health, and we just find acac a wonderful place with helpful staff and top of the line services to help us improve our health. Thank you, acac!"
>
> **Maria C., p.r.e.p.® participant**

Learn more about the p.r.e.p.® program

Fax completed form to patient's preferred acac Fitness & Wellness Center location below.

p.r.e.p.® | acac
physician referred exercise program

[ ] p.r.e.p.®
- [ ] General Health
- [ ] Diabetes Management
- [ ] Healthy Hearts
- [ ] Postnatal
- [ ] Arthritis
- [ ] Aquatic
- [ ] Cancer

[ ] p.r.e.p.®are
- [ ] Bariatric
- [ ] Hip Surgery
- [ ] Knee Surgery
- [ ] Prenatal
- [ ] Other

*p.r.e.p.®are patients are eligible to come back and do p.r.e.p.® within a 2-year period. Ask a p.r.e.p.® Director for details.

Patient is cleared for unsupervised exercise. If there are any precautions / special conditions, please list them here.

_____

_____

_____

PATIENT INFORMATION

Patient name _____

Patient phone _____

Patient email _____

Date of birth _____

PROVIDER INFORMATION

Provider name _____

Provider signature X_____

Date _____

Provider phone _____

Provider fax _____

You will receive progress reports on your patients.

PROVIDER STAMP:

WEST CHESTER, PA
phone 610.431.7000
fax 610.884.7909

EAGLEVIEW, PA
phone 610.425.3188
fax 610.884.7909

MIDLOTHIAN, VA
phone 804.378.1600
fax 804.597.2167

SHORT PUMP, VA
phone 804.464.0990
fax 804.597.2316

ALBEMARLE SQUARE, VA
phone 434.978.3800
fax 434.321.1851

DOWNTOWN, VA
phone 434.984.3800
fax 434.321.1634

PANTOPS, VA
phone 434.529.8136
fax 434.288.0326

CROZET, VA
phone 434.817.2055
fax 434.288.5730

acac.com
thank you for prescribing exercise.