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	 [The coronary patient six months after <u>study</u>]. Pavy B, Tisseau A, Caillon M. 	cardiac rehabilitatic co att	DNCLUSIONS: Ambulatory surveillance for cardiac rehabilitati lend cardiac rehabilitation programs, underscores the import	on referrals is feasible. The high adverse event rates in the queue, particula tance of ambulatory referral surveillance systems for cardiac rehabilitation	rly among patients who are referred but who do not following cardiac hospitalizations.

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