

FOOT-FIT EXPERT

MEDICAL & HEALTHCARE PROFESSIONAL PATIENT REFERRAL

Michael L. Ashley, C. Ped.

Board-Certified Podiatrist

Phone/Text: 214-702-8812

Fax: (682) 418-3539

Email: Info@foot-fitexpert.com

Website: www.foot-fitexpert.com

HOW TO REFER A PATIENT

Option 1: Fax a Referral

Fax completed referral forms to (682) 418-3539.

Option 2: Contact Foot-Fit Expert

Call or text 214-702-8812 to discuss a referral or coordinate care.

Option 3: Direct Your Patient to Foot-Fit Expert

Website: www.foot-fitexpert.com

REFERRAL INFORMATION

Patient Name: _____

Date of Referral: _____

Patient Phone: _____

Preferred Contact Method: ☐ Phone ☐ Text ☐ Email

Referring Provider: _____

Practice / Organization: _____

Practice Phone: _____

REASON FOR REFERRAL

- ☐ Therapeutic / Diabetic Footwear
- ☐ Custom Orthotics
- ☐ Prefabricated Orthotics
- ☐ Professional Footwear Evaluation and Fitting
- ☐ Wide, Extra-Wide or Hard-to-Fit Footwear
- ☐ Work / Occupational / Safety Footwear
- ☐ Compression Socks or Hosiery
- ☐ Footwear Accommodations / Mobility Support
- ☐ Other: _____

Primary Concern / Requested Service:

Relevant Recommendations or Footwear Requirements:

FOLLOW-UP PREFERENCES

- ☐ Patient is aware of this referral.
- ☐ Patient has agreed to be contacted by Foot-Fit Expert.
- ☐ Please contact me to discuss this referral.