Columbus Podiatry & Surgery

117 Lazelle Rd, Ste B, Columbus, Ohio 43235 Phone: (614) 885-3338 • Fax: (877) 877-4797



www.columbusfoot.com

Dofouniu a Di			Dhama	D-4		
Referring Physician:Patient Name:						
						SSN:
Chief Complaint/Dia	gnosis:					
Ouration:	Prior Treatment:					
Current Treatment:_						
☐ Evaluate and treat			☐ Evaluate and consult bef	fore treatment		
Diagnostics	•		Heel Fissures		Tarsal Tunnel	
_	e Pain		Heel Pain		Tendonitis	
	e Sprain		Heel Spur		Ulcerations	
□ Arth	_		Infections/Cellulitis		Warts	
	ete's Foot		Ingrown Nail		Wound Care	
□ Blist					Xerosis	
	e Spur		Joint Pain			
□ Buni	=		Midfoot Pain			
	a/Bursitis		Neuroma	a •		
□ Call	ises/Corns		Neuropathy	Services	5:	
	Foot		Osteomyelitis		ABI/TBI/PVR Studies	
□ Chai	cot Foot		Pediatric Deformities		AFOs	
□ Derr	natitis		Plantar Fasciitis		Cam Walkers	
□ Diab	etic Foot Care		Posterior Tendon		Crutches	
□ Drop	Foot		Dysfunction		Custom Inserts/Orthotic	
□ Dyst	rophic Nails		Pronation Ship Splints		Diagnostic Ultrasound	
□ Eder	ma		Shin Splints Shoe Evaluation		Digital X-Ray	
□ Flat	Foot		Skin		Night Splints	
□ Frac	ture		Disorders/Cysts/Lesions		Over-the-Counter	
□ Fung	gal Nails		Soft Tissue Mass		Orthotics	
□ Gait	Abnormality		Sprains or Strains of the		Physical Therapy	
□ Gan	glion	Ш	Foot		Surgical Shoes	
□ Gout	t		Subungual Hematoma		NAIL FUNGUS LASEF	
□ Ham	mertoes	ш	Susunguai Hemawina		Wound Care	

Thank you for your referral!