

Columbus Podiatry & Surgery



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www.columbusfoot.com

*Please keep a copy for your records and fax to us.

Referring Physician: _____ Phone: _____ Date: _____

Patient Name: _____ Phone: _____ DOB: _____

SSN: _____ Primary Insurance: _____ Secondary Insurance: _____

Chief Complaint/Diagnosis: _____

Duration: _____ Prior Treatment: _____

Current Treatment: _____

Evaluate and treat

Evaluate and consult before treatment

Diagnostics:

- Ankle Pain
- Ankle Sprain
- Arthritis
- Athlete's Foot
- Blister
- Bone Spur
- Bunion
- Bursa/Bursitis
- Calluses/Corns
- Club Foot
- Charcot Foot
- Dermatitis
- Diabetic Foot Care
- Drop Foot
- Dystrophic Nails
- Edema
- Flat Foot
- Fracture
- Fungal Nails
- Gait Abnormality
- Ganglion
- Gout
- Hammertoes

- Heel Fissures
- Heel Pain
- Heel Spur
- Infections/Cellulitis
- Ingrown Nail
- Joint Pain
- Midfoot Pain
- Neuroma
- Neuropathy
- Osteomyelitis
- Pediatric Deformities
- Plantar Fasciitis
- Posterior Tendon Dysfunction
- Pronation
- Shin Splints
- Shoe Evaluation
- Skin Disorders/Cysts/Lesions
- Soft Tissue Mass
- Sprains or Strains of the Foot
- Subungual Hematoma

- Tarsal Tunnel
- Tendonitis
- Ulcerations
- Warts
- Wound Care
- Xerosis

Services:

- ABI/TBI/PVR Studies
- AFOs
- Cam Walkers
- Crutches
- Custom Inserts/Orthotics
- Diagnostic Ultrasound
- Digital X-Ray
- Night Splints
- Over-the-Counter Orthotics
- Physical Therapy
- Surgical Shoes
- NAIL FUNGUS LASER
- Wound Care

Physician Signature: _____ Date: _____

Thank you for your referral!