

Marc S. Greenberg, DPM

www.GFAOhio.com, phone (937) 938-6444

Podiatry Referral Form

Fax to (937) 834-8636

Patient: _____ **Date:** _____

Referred by: _____ **Phone:** _____

Reason for Referral: _____

Priority Level:

- Routine
- Intermediate
- Urgent/Emergency (please also call to confirm receipt)

Scheduling:

- My office has called or will call to schedule an appointment for the patient.
- Please call the patient to schedule an appointment. (patient phone #) _____

Insurance Requirements:

- The patient requires no referral.
- A referral is needed and has been given to the patient.
- A referral is needed and is being faxed to you with this form.

Reports:

- No report is requested.
- Please mail or fax a written report with your findings.
- Please call me with your findings as soon as possible.

Other Notes or Requests: _____

Your referral is appreciated. Please call my office with any questions or concerns.

Sincerely,

Marc S. Greenberg, DPM

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