

EXAMPLE



Feet for Life Medical Foot Care Ltd.
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Specializing in Foot and Lower Limb Care Including Patient Education and Preventative Strategies

Patient Name: _____

Prescriber's Name: _____

Date: _____

Diagnosis/Assessment: _____

Referral For:

- ☐ Diabetic Foot Care
- ☐ Diabetic Screening
- ☐ General Foot Care
- ☐ Corns/Calluses
- ☐ Nail Care
- ☐ Fungal Nail Care
- ☐ Ingrown Toenail Treatment
- ☐ Nail Bracing
- ☐ Wound Care

Compression Stockings:

- ☐ 15-20mmHg
- ☐ 20-30mmHg
- ☐ 30-40mmHg
- ☐ Maternity
- ☐ Diabetic Socks
- ☐ Lymphadema Garment

Low/High Level Laser Therapy:

- ☐ Plantar Fasciitis
- ☐ Heel Spur
- ☐ Morton's Neuroma
- ☐ Metatarsalgia
- ☐ Arthritis
- ☐ Sprains/Strains
- ☐ Peripheral Neuropathy
- ☐ Bone Fracture
- ☐ Fungal Nail Laser
- ☐ Wound Care

Bio-Mechanics:

- ☐ Orthotics
- ☐ Orthopedic Shoes
- ☐ Diabetic Shoes
- ☐ Wound Healing Shoe
- ☐ Off Loading Shoes
- ☐ Air Cast Walker
- ☐ Ankle Brace

Physician/RN(Ec): _____

Other Health Care Professional: _____