Chiropody Clinic Referral
Medicine Treatment Clinic
Phone: 705-728-9090 Ext: 23300
Fax: 705-728-3039

Please indicate urgency:  [ ] 4 Weeks  [ ] 2 Weeks  [ ] First Available

Diabetic  [ ] Yes  [ ] No

Diagnosis/Goal(s) of Treatment:

Current Medications:

Relevant Lab/Diagnostic Tests Pending or Results: Please attach with referral or fax to 705-728-3039

Signature of Referring Physician ____________________________ Date ___________________

Referring Physician Name Print ____________________________ Physician Billing Number ___________

Physician Office Phone ____________________________ Physician Office Fax ____________________________

For Office Use

Triage By: ____________________________ Triage Date: ____________________________

Action Plan:

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