Robson F. Araujo, DPM, FACFAS
601 A Corley Avenue • Boaz, AL 35957
Phone: 256-840-4810 • Fax 256-840-4815

Referral and Consultation Form

Reason for Referral:

Foot Pain

Heel Pain

Bunion Evaluation

Ingrown Toenail

Tendonitis

Diabetic Foot Care/Eval

Flatfoot Evaluation

Foot Arthritis

Other: _____

_____

_____

_____

Date: _____

Patient Name: _____

DOB: _____

Physician Name: _____

Physician Notes: _____

_____

_____

Physician Signature: _____

Please Check One:

[ ] ROUTINE

[ ] URGENT - PLEASE SEE PATIENT WITHIN 3 DAYS

[ ] EMERGENCY - PLEASE SEE WITHIN 24 HOURS