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REFERRAL FORM

Physicians¹ and Surgeons² of the Ankle & Foot
 Certified, American Board of Foot & Ankle Surgery³

Patient _____ Date _____

Chief Complaint: _____

- REQUEST:
- Consultation
 - Evaluation and Treatment
 - Orthotics
 - Diagnostic work-up
 - Other _____

Mail to: _____

Fax to: _____

Call to discuss: _____

Additional Comments _____

Providers Name: _____

Provider's Signature: _____



3131 Nassau St., Ste 101

Everett, WA 98201

P (425) 339-8888

F (425) 258-6933

(SEE MAP ON BACK)

Thank You for this referral.

Ankle & Foot CLINIC OF EVERETT

Located across the Street
from the Providence
Everett Medical Center,
Pacific Campus



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