CENTER FOR
Lower Extremity
Surgery
A SPECIALTY PRACTICE OF OZTURK FOOT & ANKLE

Physician Referral

Fax: 908-446-2575 · Phone: 908-215-5953

Please fax this sheet with the records listed below. **Do not send protected health information by regular email.** For time-sensitive referrals, please call.

REFERRING PROVIDER

Provider name and credentials

NPI

Practice

Contact person

Phone

Fax

PATIENT

Patient name

Date of birth

Phone

Preferred language

Insurance plan

Member ID / referral or authorization number

REASON FOR REFERRAL

- ☐ Bunion, hammertoe or big-toe arthritis
- ☐ Heel pain / plantar fasciitis
- ☐ Achilles tendon rupture or tendinopathy
- ☐ Flatfoot / posterior tibial tendon dysfunction
- ☐ Chronic ankle instability
- ☐ Ankle or hindfoot arthritis
- ☐ Fracture or ligament injury (ankle, midfoot, forefoot)
- ☐ Diabetic foot ulcer, infection or suspected Charcot
- ☐ Second opinion or problem after prior surgery
- ☐ Other:

RECORDS ENCLOSED

- ☐ Demographics and insurance information
- ☐ Recent clinical notes
- ☐ Prior operative reports
- ☐ X-ray reports (weight-bearing if available)
- ☐ MRI / CT / ultrasound reports
- ☐ Images on disc, or portal access details
- ☐ Labs (e.g. HbA1c) or vascular studies

PRIORITY

☐ Routine ☐ Urgent — please call to discuss

CLINICAL QUESTION AND RELEVANT HISTORY

Referring provider signature

Date