



Foot & Wound Center

DR ARASH ARABI
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Northport, Alabama 35476
Phone# (205) 464-9619
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PHYSICIAN REFERRAL FORM

Scheduling Information

Patient Name _____ DOB _____ Sex ___ M ___ F

Guardian's Name (if minor) _____

Address _____ City _____ State _____ Zip _____

Home Ph _____ Work Ph _____ Cell Ph _____

Symptoms _____

Has the patient seen another podiatrist/wound care doctor for this problem? ___ Yes ___ No

Previous films within the last year? ___ X-ray ___ MRI ___ CT ___ Other _____

Area Requiring Assessment

Right Foot ___ Left Foot ___

Additional Information: _____

Special Instructions

___ Call patient to schedule ___ Patient will call to schedule ___ Other _____

Insurance Information

(Please include a front and back copy of all insurance cards.)

Insurance Name _____ Plan# _____ Group# _____

Authorization Required? ___ Yes ___ No If yes, authorization number _____

Referral Office Information

Referring Group _____

Referring Physician _____ Phone _____

Contact Person _____ Email _____

Notes _____