Dr RIAR
Foot & Ankle Clinic

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drriar.com **T:** 604.496.1150 **F:** 604.496.2246

Patient Info:

Name: _____

Date: _____

PHN: _____

DOB: _____

Patient phone number: _____

Reason for Referral:

- ☐ Ankle / Foot Pain
- ☐ Abnormal Gait
- ☐ Bunions
- ☐ Corn / Callus
- ☐ Diabetic Care
- ☐ Flat Feet
- ☐ Fungal Nail
- ☐ Hammertoes
- ☐ Ingrown Nail
- ☐ Nail Trimming
- ☐ Neuroma
- ☐ Orthotics (Custom)
- ☐ Plantar Fasciitis
- ☐ Warts / Cyst
- ☐ Other: _____

Referral Notes:

Referral by: _____

MSP#: _____

Notes:

Please fax this form to 604.496.2246

Please advise your patient that most podiatry services are not covered by MSP. Payment is due on date of service provided.

PODIATRIST