



Dr. Samir Lalani, D.P.M.  
8740 Country Hills Blvd NW  
Calgary, Alberta T3G 0E2  
Tel: (403) 264-1901  
Fax: (403) 264-1971  
www.alpinefootankle.com

## Referral Form

Name: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ AHC#: \_\_\_\_\_

Chief Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Consultation Request:

- |   |  |
|---|--|
| <input type="checkbox"/> Foot/Ankle Evaluation    | <input type="checkbox"/> Injury/Post-Traumatic |
| <input type="checkbox"/> Surgical Consultation    | <input type="checkbox"/> Structural Deformity  |
| <input type="checkbox"/> Diabetic Foot Evaluation | <input type="checkbox"/> Routine Foot Care     |
| <input type="checkbox"/> Wound Care Evaluation    | <input type="checkbox"/> Custom Foot Orthotics |

### Imaging:

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> X-Ray      | <input type="checkbox"/> CT Scan |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> MRI     |
| <input type="checkbox"/> Bone Scan  |                                  |

Please have copy of images and/or report forwarded to our office. X-rays should be weight-bearing.

### Referring Physician:

Dr: \_\_\_\_\_

Tel: \_\_\_\_\_

Signature: \_\_\_\_\_

### Physician Stamp: