

FOOT AND ANKLE CONSULTATION REQUEST

Francois Harton DPM, FACFAS CBI Health Centre - Sunridge 2675 36 St NE, Suite 7 Calgary, AB T1Y 5S3 T: 403.250.3010 F: 403.250.6550	
Patient Name:	Date:
Telephone #:	AHC #:
Reason for Referral:	
Consultation Request:	
Diabetic Foot Assessment	□ Foot/Ankle Pain
□ Wound/Ulcer	Sprains/Fractures
Diabetic Foot Infection	□ Orthotic
Sport Injury	□ Surgical
□ Orthopedic Deformity (Bunion/Hammertoes)	□ Flatfoot/High Arch Foot
Referring Physician:	PHYSICIAN'S STAMP
Dr:	
Tel:	
Physician's Signature:	

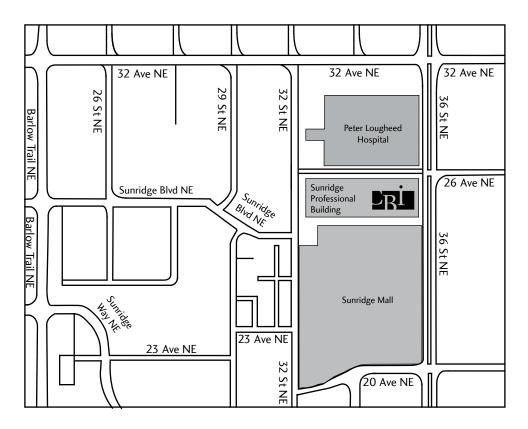


SEE REVERSE FOR LOCATION DETAILS



Francois Harton DPM, FACFAS

CBI Health Centre - Sunridge 2675 36 St NE, Suite 7 Calgary, AB T1Y 5S3 T: 403.250.3010 F: 403.254.2707



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