FOREMOST PODIATRY

COMPREHENSIVE FOOT AND ANKLE CARE

Consultation Request

Preferred Provider (Circle):

First Available Dr. Matthew K Thomson Dr. James R Toney

Dr. Jonathon Rayman Dr. Michael Dziewit Dr. Krysta Loveland

Kristi Orme, NP

Location (Circle): Lansing Corunna/Owosso St. Johns

Referring Physician:_____

Patient Name: _____

Phone Number: _____ **Date of Birth:** _____

Address: _____

Insurance:_____

We are not currently accepting Medicaid or Humana GOLD/HMO. Patients are responsible for ensuring their insurance is in network prior to their appointment.

*****MUST SEND COPY OF INSURANCE CARD(S)*****

ASAP (Please Call) _____ Routine (1-2 weeks) _____

Today's Date:_____

Reason for Referral:

Please send H&P, progress notes, relevant labs and imaging studies, and a copy of driver's license and insurance information. If an X-Ray disc is not provided, new X-Rays will be taken.

Please fax to**: 517- 882 - 3935**

3401 Patient Care Drive Lansing, MI 48911 **P** 517.882.8673. **F** 517.882.3935

1051 N. Shiawassee Corunna, MI 48817 **P** 989.723.6574 **F** 517.882.3935

108 W. Higham Street St. Johns, MI 48879 **P** 517.882.3935. **F** 517.882.3935