



Referral to Foot and Ankle Clinics, P.A.

Jeffrey Pellersels, DPM and Russell John Hill, DPM



- PATIENT WILL CALL TO SCHEDULE
- PLEASE CALL PATIENT TO SCHEDULE

Preferred Location:

6545 France Ave S
 Suite 565
 Edina, MN 55435
 952-934-9360

563 Bielenberg Dr
 Suite 150
 Woodbury, MN 55125
 651-457-3115

1545 Livingston Ave
 Suite 100
 West St. Paul, MN 55118
 651-457-4665

*****PLEASE SEND COPIES OF RELEVANT CHART NOTES, X-RAYS OR ANY OTHER IMAGING STUDIES TO OUR OFFICE:**

Fax: 651-457-3115

Email: information@footandankleclinics.com

PATIENT INFORMATION			
Name: LAST		FIRST	M.I.
			Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth		Primary Care Physician (PCP):	
Address:		City:	State: Zip Code:
Primary Phone:		Secondary Phone:	
PRIMARY INSURANCE & SUBSCRIBER INFORMATION			
Primary Insurance Name:		Relationship to Subscriber:	
Subscriber's Name: LAST		FIRST	M.I. Subscriber's Date of Birth:
Subscriber ID #		Group #	Plan #
REFERRING PROVIDER INFORMATION			
Clinic Name:		Provider/Physician Name:	
Clinic Phone:		Clinic Fax:	
Clinic Email:		Today's Date:	
REASON FOR REFERRAL			
Symptoms / Indication / Diagnosis:			
Comments:			