The
Foot & Ankle Center
at
Western University of Health Sciences

795 E. Second St
Second Floor, Suite 7 Pomona, CA 91766
(909) 706-3877
WesternuPCC.com

Referral Form

Referring Physician: ______________________________

Phone # ________________Fax # __________________

Date of Referral: _________

Patient Name:	DOB:	Phone #
Insurance:	Group #	Plan #

Reason for Referral:

- ☐ Evaluation and Management
- ☐ Co-management
- ☐ Second opinion
- ☐ Other:_________________________________

[Please include specific foot & lower limb problems including the extent of pain, deformity, evidence of infection, history of ulceration, previous treatment and ability to self-care]

General Patient Instructions

- Please bring your insurance card.
- Plan to arrive ten minutes prior to your scheduled appointment.
- Bring previous x-rays or scans that are related to your current exam.

Physician Signature: _____________________________________

Business Address: _______________________________________

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