

# Patient Referral

Fax 908-446-2575 · Phone 908-215-5953

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Foot & Ankle Surgeon  
**DOUBLE BOARD CERTIFIED**

Fax this form with the records checked below, or give it to your patient to bring to the first visit. Please don't send protected health information by regular email. For urgent referrals, please call.

## PATIENT

Patient name

Date of birth

Phone

Insurance plan

Member ID / authorization no.

## REFERRING PROVIDER

Provider name and credentials

Practice

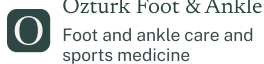
NPI

Phone

Fax

## REASON FOR REFERRAL: CHECK UNDER THE PRACTICE IT BELONGS TO

☐ Not sure: please triage



Ozturk Foot & Ankle  
Foot and ankle care and  
sports medicine

- ☐ Heel pain / plantar fasciitis
- ☐ Ankle sprain or sports injury
- ☐ Achilles or other tendon pain
- ☐ Fracture or stress fracture
- ☐ Flat feet, high arches or orthotics
- ☐ Diabetic foot exam / at-risk foot
- ☐ Warts, corns, calluses or fungal nails
- ☐ Child's foot or heel pain



Nerve Institute  
Nerve conditions of the foot,  
ankle and leg

- ☐ Morton's neuroma
- ☐ Tarsal tunnel or other nerve entrapment
- ☐ Peripheral neuropathy or numbness
- ☐ Nerve pain after surgery or injury
- ☐ Foot drop
- ☐ Painful neuroma, scar or amputation pain
- ☐ Second opinion on nerve surgery



Center for Surgery  
Foot, ankle and lower-  
leg surgery

- ☐ Bunion, hammertoe or big-toe arthritis
- ☐ Achilles or peroneal tendon tear
- ☐ Chronic ankle instability
- ☐ Ankle or hindfoot arthritis
- ☐ Fracture or Lisfranc injury: fixation
- ☐ Flatfoot or high-arch reconstruction
- ☐ Second opinion before surgery



Limb Salvage Institute  
Wounds, the diabetic foot and  
limb salvage

- ☐ Foot ulcer or non-healing wound
- ☐ Diabetic foot infection or osteomyelitis
- ☐ Charcot foot / limb salvage
- ☐ PAD with a wound (we coordinate vascular care)
- ☐ Second opinion before amputation

☐ Other: \_\_\_\_\_

## RECORDS ENCLOSED

- ☐ Clinical notes
- ☐ MRI / CT / ultrasound
- ☐ Insurance referral / authorization
- ☐ X-ray / imaging reports
- ☐ Labs, vascular or EMG studies

## PRIORITY

- ☐ Routine
- ☐ Soon (within 1-2 weeks)
- ☐ Urgent: please call to discuss

## DIAGNOSIS / ICD-10 AND CLINICAL QUESTION

Referring provider signature

Date

### For the patient: how to book

Call **908-215-5953** (one number for every office and all four practices), or scan the code to book online. Please bring this form, your insurance card, a photo ID, a list of your medications and allergies, any X-rays or MRI reports, and the shoes you wear most.

**Lyndhurst**  
623 Ridge Road, Suite 301  
Lyndhurst, NJ 07071

**Paramus**  
275 Forest Avenue, Suite 120  
Paramus, NJ 07652

**Millburn**  
90 Millburn Avenue, Suite 206  
Millburn, NJ 07041



Book online