



P R O F E S S I O N A L
Foot & Ankle
Centers
D A V I S O N • L A P E E R



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ProfessionalFoot.com

FAX REFERRAL FORM

DAVISON REFERRAL FAX 810.658.2248 • LAPEER REFERRAL FAX 810.664.0315

Thank you for your referral. Please fax this form with your patient's demographics sheet, insurance information, and any relevant imaging reports and/or progress notes. We will contact your patient within 24 hours, schedule the appointment, then fax this form back to you with your patient's appointment date and time. We will send you a visit summary within 72 hours of the appointment.

Patient Name: _____

Patient Phone Number: _____

Referring Physician: _____

Referring Physician Fax Number: _____

Reason for Referral: _____

Hospital Affiliation

Ascension Genesys McLaren - Flint McLaren - Lapeer Hurley Other

DAVISON

605 South State • Davison, MI 48423
810.653.9060 Phone
810.658.2248 Fax

LAPEER

1390 N. Main St. • Lapeer, MI 48446
810.664.1250 Phone
810.664.0315 Fax

PF&A office use

Patient Appointment Date/Time/Podiatrist: _____

Patient Contacted: Date: _____ **Time:** _____

Notified Referring Physician Via Fax: Date: _____ **Time:** _____