



C A R O L I N A
Foot & Ankle
SPECIALISTS

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Patient Name _____

Referring Physician _____

Referring for treatment of: _____

- Heel Pain** Plantar Fasciitis Infra-Calcaneal Bursitis
 Posterior Heel Pain Achilles Pain
- Structural Deformities** Bunions Hammertoes Joint Pain
- Trauma** Fractures and Sprains of the Foot
- Orthotics** Foot Ankle Knee
 Hip or Back Pain Related to Foot/Ankle Function
- Dermatology** Warts Ingrown Nails Heel Pain
- Pediatric Disorders** Flat Feet In-Toed Gait Heel Pain
 Warts Ingrown Nails
- Diabetes** Foot Care Ulcer Neuropathy
 Diabetic Shoes
- Other** _____



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