











Referral to ISLAND FOOT CLINICS

250-385-FOOT (3668)

Patient Name: _____ Date: _____

Area of Concern: _____

		<input type="checkbox"/> Prescription Functional Orthotics/ Biomechanical Assessment	<input type="checkbox"/> Dr. K. Gomez
		<input type="checkbox"/> Foot/Ankle Pain	<input type="checkbox"/> Dr. M. Shah
		<input type="checkbox"/> Plantar Fasciitis	<input type="checkbox"/> Dr. S.R. Hollingsworth
		<input type="checkbox"/> Bunions/Hammertoes	ISLAND CLINICS
		<input type="checkbox"/> Nail Care/In-Grown Nails	<input type="checkbox"/> Victoria
		<input type="checkbox"/> Corns/Calluses/Warts	<input type="checkbox"/> Nanaimo
		<input type="checkbox"/> Surgery	<input type="checkbox"/> Campbell River
		<input type="checkbox"/> Juvenile	NORTHERN CLINICS
		<input type="checkbox"/> Flat Feet	<input type="checkbox"/> Prince George
		<input type="checkbox"/> Wart Treatment/Extraction	<input type="checkbox"/> Williams Lake
		<input type="checkbox"/> Fungus	<input type="checkbox"/> Terrace
		<input type="checkbox"/> Shockwave	<input type="checkbox"/> Prince Rupert
		<input type="checkbox"/> Other _____	CENTRAL CLINICS
			<input type="checkbox"/> Kelowna
			<input type="checkbox"/> Kamloops
			<input type="checkbox"/> Salmon Arm
			<input type="checkbox"/> Summerland
			<input type="checkbox"/> Penticton
			<input type="checkbox"/> Vernon
			<input type="checkbox"/> Osoyoos

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