



## US Neuropathy and Infusion Centers, Atlanta Ankle & Foot Centers of Georgia <u>Patient Referral Form</u>

Patient Name:	ДОВ:
•	in all of the following conditions. We offer the latest ues in the lower extremity ranging from <i>mine infusion therapy</i> .
DIAGNOSIS:	
Diabetic Peripheral Neuropathy	Complex Heel Pain
Idiopathic Neuropathy	Pain after Knee Surgery
Foot Drop	Scar Neuromas
Chronic Post Surgical Pain	Post Trauma Nerve Injury
CRPS/RSD	Nerve Entrapments
If you have special instructions or requests for	or specific evaluation or treatment, please indicate below:
Name of Physician Referring	
Office Phone number:	
Email:	-
Fax:Physician Cell:	
•	_
Best method of contact:	
Office Phone	
Physician Cell	
Email	

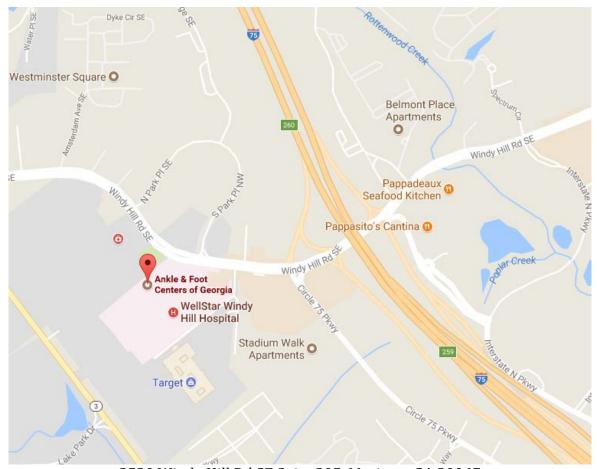
## Fax Completed Form to: 770-952-4833 or email to: AFCGWHILL@ankleandfootcenters.com

## Please include copy of Patient Insurance Card with this completed form

Once our office receives this referral, confirmation will be given back to your staff, and we will arrange setting the patient up for the soonest appointment available. Urgent conditions can usually be seen within 24 hours of referral.

For an immediate discussion about your patient, physicians can call Dr. Barrett at 770-299-4007 or Dr. DuCasse at 678-379-3713.

Additional information can be found on our website, and referrals can also be sent through our portal at: www.usneuropathycenters.com



2520 Windy Hill Rd SE Suite 205, Marietta, GA 30067 **Stephen L. Barrett, D.P.M., Clark Driggers, M.D., Sequioa DuCasse, D.P.M.** 

www.usneuropathycenters.com www.nervetx.com www.ankleandfootcenter.com

1-844-US-NERVE (1-844-876-3783) 770-952-5300