WEST COAST PODIATRY
DR. KATHY HAHN PODIATRIC CORPORATION

#303 - 223 NELSON'S CRESCENT
NEW WESTMINSTER, BC V3L 0E4
TEL: (604) 245-2245
FAX: (604) 245-2520
INFO@WESTCOASTPODIATRY.CA

PODIATRY REFERRAL – BY FAX

DR. KATHY HAHN, DPM
FOOT & ANKLE MEDICINE AND SURGERY
MSP #: 60159

TEL: (604) 245-2245 FAX: (604) 245-2520

Patient Name: _____
Address: _____
DOB: _____
PHN: _____
Phone: Cell: _____
Home: _____

Please fax any recent **X-ray, MRI, CT reports** and/or **lab tests**, if appropriate, along with this form.

Reason for Referral:

□ Surgical Consultation for:
- □ Bunion
- □ Hammertoe
- □ Neuroma
- □ Other:

- □ Orthotics Treatment / Therapy
- □ Heel Pain / Plantar Fasciitis
- □ Ingrown Toenail
- □ Diabetic Foot Care
- □ Warts / Corns / Calluses
- □ Foot / Ankle Pain

□ Other Reason(s):

Additional comments:

Referring Physician: _____ Date: _____
MSP #: _____
Tel: _____
Fax: _____
Address: _____

(*Please advice your patient that not all podiatry services are a MSP covered benefit. Payment is due on date of service provided. Payment can be made with Cash, Interac/Direct Debit, VISA, or MasterCard.)
With this referral note, a letter will be sent back to the referring physician promptly.