

DATE: \_\_\_\_\_

Dr. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re:

PATIENT: \_\_\_\_\_  
DOB: \_\_\_\_\_  
INS. CO. \_\_\_\_\_  
INS. # \_\_\_\_\_

Dear Doctor \_\_\_\_\_:

The above patient resides at our facility and is in need of professional foot care. Enclosed please find our foot screening assessment indicating his/her compromised condition. This patient has private insurance and requires a referral from his/her primary care physician for coverage. The podiatrist who provides services for our patients is:

Dr. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Ins. UPIN # \_\_\_\_\_

Dr. \_\_\_\_\_ provides foot care services for our facility every two months, which is in compliance with Nursing Home Facility regulations. Would you please submit six (6) referrals for this patient, which should cover services for one year.

Thank you.

Sincerely,