

**Dr. Christopher M. Smith, DPM**  
**Foot & Ankle Specialist and Surgeon**



**PATHWAY**  
FOOT & ANKLE CENTER

3100 Sam Rayburn Hwy.  
Melissa, TX 75454

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NPI: 1245802230

## Patient Referral Form

*Please include patient demographics and medical records*

Patient's Insurance: \_\_\_\_\_ Member ID: \_\_\_\_\_

Group Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physicians NPI: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Physician Notes: \_\_\_\_\_

## Patient Evaluation For:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Total Ankle Replacement  | <input type="checkbox"/> Charcot Deformity        | <input type="checkbox"/> Heel Pain/ Arch Pain          |
| <input type="checkbox"/> Diabetic Foot Care       | <input type="checkbox"/> Ankle Instability/Sprain | <input type="checkbox"/> Flat Feet                     |
| <input type="checkbox"/> Bunions                  | <input type="checkbox"/> Ganglion/Soft Tissue Mas | <input type="checkbox"/> Foot/Ankle Injury or Fracture |
| <input type="checkbox"/> Hammertoes               | <input type="checkbox"/> Ankle Fracture           | <input type="checkbox"/> Foot/Ankle Pain               |
| <input type="checkbox"/> Custom orthotics/Bracing | <input type="checkbox"/> Neuroma                  | <input type="checkbox"/> Achilles Tendon Pain/Rupture  |
| <input type="checkbox"/> Foot Wound/Ulcer         | <input type="checkbox"/> Foot Fracture            | <input type="checkbox"/> Other _____                   |

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We proudly serve Melissa , Anna , McKinney , Van Alstyne , Trenton , Princeton ,  
Leonard , Bonham , Howe , and Surrounding North Texas areas**