



TOTAL
FOOT & ANKLE
OF OHIO

*Practice Specializing in the Care
of Foot & Ankle Conditions
for Adults and Children*

Leonard R. Janis, DPM
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www.totalfootandankle.com

Patient Referral Form

Referring Physician _____

Phone _____

Fax _____

Reason for referral _____

Patient's Name _____

Patient's Phone _____

DOB _____

Address _____

City _____ ST _____ ZIP _____

Patient's SS# _____

Schedule with

Dr. Janis

Dr. Lutz

Dr. Davy

Dr. Davy

East Office

Grove City Office

Dr. Lutz

720 E. Broad Street

6024 Hoover Rd.

Hilliard Office

#100

Suite A

3780 Ridge Mill Dr.

Columbus, OH 43215

Grove City, OH 43123

Hilliard, OH 43026

Primary Insurance _____

Phone _____

Policy Number _____

Group Number _____

Subscriber _____

DOB _____

Relationship to Patient _____

Does insurance require an authorization for a specialist? Yes No

Secondary Insurance _____

Phone _____

Policy Number _____

Group Number _____

Subscriber _____

DOB _____

Relationship to Patient _____

Please fax to: (614) 870.1692 Thank you for the referral!