



The Podiatry Clinic has established the following standardized criteria for referrals.

To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

1. For all musculoskeletal complaints of the foot, including but not limited to hallux valgus, hallux rigidus, hammer toe deformities, midfoot pain, and hindfoot pain, please obtain:

- Weight-bearing radiographs, 3 views, of the affected foot

2. For all musculoskeletal complaints of the ankle, including but not limited to ankle pain, status post ankle fracture surgery, ankle varus, and ankle valgus, please obtain:

- Weight-bearing radiographs, 3 views, of the affected ankle

3. For all cases involving confirmed or suspected fractures of the foot or ankle:

- Either weight-bearing or non-weight-bearing radiographs, 3 views, of the affected foot or ankle are acceptable

4. For patients with suspected tinea pedis or onychomycosis, please include:

- Documented response to topical antifungal
- A liver function test if the patient has failed topical antifungals