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 Lee D. Pearlman D.P.M.
 Richard D. Weiner D.P.M.
 Timothy R. Holmes D.P.M.
 Danielle R. McKenna D.P.M.
 Lee M. Hlad D.P.M.
 Bradley M. Mehl D.P.M.

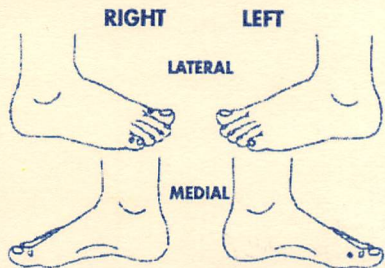
www.steplivelyfootandankle.com

PATIENT: _____ DATE OF BIRTH: _____ CONTACT #: _____

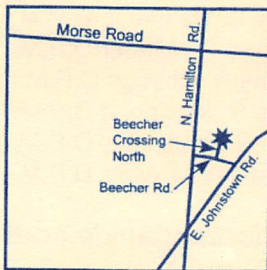
TODAY'S DATE: _____ APPOINTMENT DATE: _____ APPOINTMENT LOCATION: _____

PLEASE EVALUATE THE FOLLOWING:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ACHILLES TENDONITIS / RUPTURE | <input type="checkbox"/> BUNION | <input type="checkbox"/> INFECTION | <input type="checkbox"/> HAMMERTOE |
| <input type="checkbox"/> GANGLION CYST / SOFT TISSUE MASS | <input type="checkbox"/> DERMATITIS / TINEA PEDIS | <input type="checkbox"/> DIABETIC FOOT CARE / SHOES | <input type="checkbox"/> GOUT |
| <input type="checkbox"/> IN-TOEING / OUT-TOEING / FLAT FOOT | <input type="checkbox"/> NEUROMA | <input type="checkbox"/> HEEL / ARCH PAIN | <input type="checkbox"/> TARSAL TUNNEL |
| <input type="checkbox"/> NAIL PROBLEM / INGROWN NAIL | <input type="checkbox"/> TENDONITIS | <input type="checkbox"/> ULCER | <input type="checkbox"/> VERRUCA |
| <input type="checkbox"/> FOREIGN BODY | <input type="checkbox"/> FRACTURE / SPRAIN | <input type="checkbox"/> OTHER _____ | |



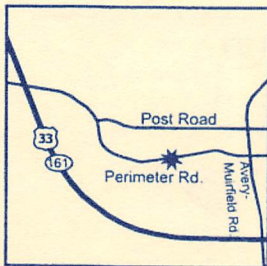
REFERRING PHYSICIAN: _____ PHONE #: _____ FAX #: _____



☐ **GAHANNA OFFICE**
 1045 BEECHER CROSSING N.
 SUITE A
 GAHANNA, OHIO 43230
 PHONE 614-478-2111
 FAX 614-304-0022

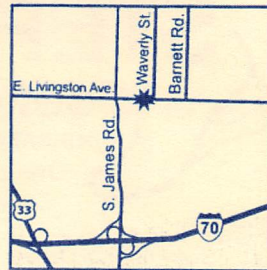


☐ **NORTH OFFICE**
 5920 CLEVELAND AVE.
 COLUMBUS, OHIO 43231
 PHONE 614-891-9994
 FAX 614-891-4141

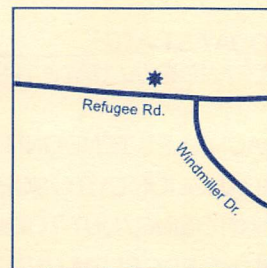


☐ **DUBLIN OFFICE**
 6670 PERIMETER DR.
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