LA CLINICA DE LOS PIES

Podiatry Referral Form

EBRAM ABDELMALAK, DPM | BRITTANY NGUYEN, DPM

PATIENT INFORMATION

Full Name

Address

Gender ☐ Male ☐ Female

Date of Birth ☐☐ - ☐☐ - ☐☐

Phone

Insurance

Member ID

Authorization #

REFERRING PROVIDER INFORMATION

Referring Provider Name

Phone

Referral Type ☐ Routine ☐ Stat

Reason for Referral

Please attach the patient's insurance card(s) (front and back of primary and secondary, if applicable), along with demographics, H&P, and any relevant clinical documents.

All referrals may be emailed to
Info@LaClinicaDeLosPies.com
or faxed to **323-749-6951**,
or you may call the location listed below.

HUNTINGTON PARK
6021 Pacific Blvd. Suite #103
Huntington Park, CA 90255
Phone: 323-749-6950
Fax: 323-749-6951

LAWNDALE
15901 Hawthorne Blvd. Suite #322
Lawndale, CA 90260
Phone: 323-749-6950
Fax: 323-749-6951

EL MONTE
3360 Tyler Ave
El Monte, CA 91731
Phone: 626-442-1223
Fax: 626-442-0439