



"Exceeding your Expectations"
www.montgomeryfootcare.com

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Heidi M. Christie, D.P.M.
Johnnie L. Alston, D.P.M.

Confirmation for Patient Referral

Date: 3.14.22
Referring Doctor: Maranda Fain CRNP
Phone Number: 244.3381 Fax Number: 244.3396
Patient Name: Wina Schrauger DOB: 1.18.1982
Appt Date: 3.30.22 Time: @ 8:45
Scheduled with: ☒ Dr. Heidi M. Christie ☐ Dr. Johnnie Alston

- ☐ The patient HAS been contacted and aware of the appointment time and date.
☐ Patient has declined the appointment at this time.
☐ We have received your referral and have tried ____ times to reach the patient and not able to reach her yet.
☐ Patient's phone number is not valid.
☐ Left message for patient to contact our office to schedule appointment.
☐ No voicemails, so we are unable to leave a message.
☐ We do not treat this diagnosis.
☐ Sorry, we do not take the patient's insurance.
☒ Please contact patient with appointment date and time
☐ Other: _____

Thank you for your referral. Please contact our office if you have any questions.

Contact Name: Courtney or Kayla Contact Number: 334-396-3668 option 1