



"Exceeding your Expectations"

www.montgomeryfootcare.com

P.O. Box 241768
Montgomery, Alabama 36124
Phone: (334) 396-3668 (foot)
Fax: (334) 396-3660

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

Confirmation for Patient Referral

Date: Nov 9, 22
Referring Doctor: Robin Blackwell
Phone Number: _____ Fax Number: 334-244-3396

Patient Name: Swati Doh DOB: 11/26/76
Appt Date: Nov 22, 22 Time: 3:00 pm
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: Kayla, Nioca, or Josie Contact Number: 334-396-3668 option 1