



"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: 10/26/23
Referring Doctor: Lindsey Barton CRNP
Phone Number: 334-244-3281 Fax Number: 334-244-3396

Patient Name: Latarchia Green DOB: 8/21/75
Appt Date: 11/22/23 Time: 2:45 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