

**Dr. Gary Driver**  
**Fellowship - Trained Foot & Ankle Surgeon**  
**Sports Medicine, Foot & Ankle Specialist**



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# Patient Referral Form

**Please include patient demographics and medical records**

Patient's Insurance: \_\_\_\_\_ Member ID: \_\_\_\_\_

Group Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physicians NPI: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Physician Notes: \_\_\_\_\_

 SCAN ME



## Patient Evaluation For:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Total Ankle Replacement  | <input type="checkbox"/> Charcot Deformity        | <input type="checkbox"/> Heel Pain/ Arch Pain          |
| <input type="checkbox"/> Diabetic Foot Care       | <input type="checkbox"/> Ankle Instability/Sprain | <input type="checkbox"/> Flat Feet                     |
| <input type="checkbox"/> Bunions                  | <input type="checkbox"/> Ganglion/Soft Tissue Mas | <input type="checkbox"/> Foot/Ankle Injury or Fracture |
| <input type="checkbox"/> Hammertoes               | <input type="checkbox"/> Ankle Fracture           | <input type="checkbox"/> Foot/Ankle Pain               |
| <input type="checkbox"/> Custom orthotics/Bracing | <input type="checkbox"/> Neuroma                  | <input type="checkbox"/> Achilles Tendon Pain/Rupture  |
| <input type="checkbox"/> Foot Wound/Ulcer         | <input type="checkbox"/> Foot Fracture            | <input type="checkbox"/> Other _____                   |

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We proudly serve Aledo, Benbrook, Burleson, Crowley, Primrose, Weatherford, Willow Park, Fort Worth, TX; and surrounding areas