



PATHWAY
FOOT & ANKLE CENTER

Dr. Christopher M. Smith, DPM

3100 Sam Rayburn Hwy. Melissa, TX, 75454

Ph: (469) 215-2366 | Fax: (469) 215-2377

Referral Request

Patient Name: _____ **DOB** _____

Primary Ins.: _____ **Policy ID#** _____

New Patient ☐ **Established Patient** ☐

The patient is requesting an appointment with Dr. Christopher M. Smith, DPM. Please send us a referral for eval/treatment and additional visit(s) deemed necessary for further medical treatment. Please fax patient's demos, referral, or referral authorization *if* required by your patient's medical insurance. Please fax **(469) 215-2377** Thank you!

Dr. Christopher M. Smith NPI# 1245802230

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Please fax us a referral prior to patient scheduled appointment below. Thank you!

☐ **Scheduled:** _____

☐ **Pending to be Scheduled**