

APPOINTMENT

DAY \_\_\_\_\_ DATE \_\_\_\_\_  
 TIME \_\_\_\_\_  AM  PM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

REFERRED BY \_\_\_\_\_ PHONE \_\_\_\_\_

DIAGNOSIS/CLINICAL HISTORY/PREVIOUS SURGERY:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMAGING OF THE FOOT/ANKLE**

- Left       Right
- 
- Ankle       Fore-foot  
 Hind-foot       Entire foot  
 Mid-foot
- 
- MRI  
 \_\_\_ with Gadolinium (recommended if mass or infection)
- MR Angiogram
- Bone Scan - Limited with 3-Phase  
 \_\_\_ Other \_\_\_\_\_
- X-ray
- Noninvasive testing of the lower extremities
- Other \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

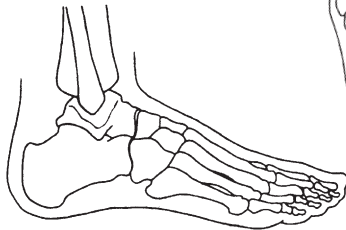
**INDICATIONS**

**BONE**

- Fracture or contusion  
 Tarsal coalition  
 OCD (Osteochondritis dissecans)  
 AVN (Avascular necrosis)  
 Charcot  
 Other \_\_\_\_\_

**SOFT TISSUE**

- Tendon pathology  
 Ligamentous pathology  
 Mass (Morton's neuroma, ganglions, etc.)  
 Infection  
 Plantar fasciitis  
 Tarsal tunnel syndrome  
 Sinus tarsi syndrome  
 Other \_\_\_\_\_



Please mark **X** at the location of suspected pathology.