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Referral Form

Referring Practitioner _____ Contact No. _____

Patient Name _____ Date _____

Clinical Concern _____

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Hallux Valgus/Bunions | <input type="checkbox"/> Morton's Neuroma/Bursitis | <input type="checkbox"/> Midfoot spurs/OA | <input type="checkbox"/> Tibialis Posterior Dysfunction |
| <input type="checkbox"/> Hallux Rigidus/Limitus | <input type="checkbox"/> Metatarsalgia | <input type="checkbox"/> Foot Fracture/Stress Fracture | <input type="checkbox"/> Achilles Tendinopathy |
| <input type="checkbox"/> Hammertoe(s) | <input type="checkbox"/> Corticosteroid Injection | <input type="checkbox"/> Tarsal Coalition | <input type="checkbox"/> Other Tendon Pathology |
| <input type="checkbox"/> Digital Deformity | <input type="checkbox"/> PNA/TNA/wedge resection | <input type="checkbox"/> Ankle Instability/Impingement | <input type="checkbox"/> Ganglion |
| <input type="checkbox"/> Chronic Interdigital Corn | <input type="checkbox"/> Subungual Exostosis | <input type="checkbox"/> Painful Accessory Ossicle(s) | <input type="checkbox"/> Soft Tissue Mass |
| <input type="checkbox"/> Plantar Plate Pathology | <input type="checkbox"/> Plantar Fasciitis/Heel Spurs | eg. os Naviculare os Trigonum | <input type="checkbox"/> Other Foot/Ankle pathology |

Consulting Locations

ELSTERNWICK 226 Hotham Street 3185 Ph (03) 9532 7600

BENDIGO 80 Rowan Street 3550 Ph (03) 5441 4243