Michael C. Edwards, DPM
Trenton K. Statler, DPM

LOWCOUNTRY
FOOT & ANKLE
INSTITUTE

Podiatric Medicine & Surgery

Patient Name: _____ ◯Male ◯Female

Home Address: _____ City _____ State_____ Zip _____

Mailing Address: _____ City _____ State_____ Zip _____

Primary Phone Number: _____ Secondary Phone Number: _____

DOB: _____ Age: _____ SS#_____ Email Address: _____

Employer/Occupation: _____ Would you like to enroll in the online patient portal? ◯Yes ◯No

Primary Care Physician: _____ Date last seen by primary care:_____

Do you have medical insurance? ◯Yes ◯No Pharmacy (location): _____

Primary Insurance: _____Policy holder's Name: _____ DOB: _____

Secondary Insurance: _____Policy holder's Name: _____ DOB: _____

Name of person responsible for paying this account: _____

Please briefly describe your foot problem: _____

Patient or Authorized Person's Signature

I authorize the release of any medical information necessary to process this claim and request payment of benefits either to myself or to Podiatry Associates when assignment is accepted.

Signature _____ Date _____

"People get old – their teeth wear out and they get fillings and replacements; their eyes wear out and they get glasses of all kinds; their hearing wears out and they get hearing aids – but somehow, people never expect their feet to wear out. The feet are supposed to go on forever, and yet, they work harder and under worse conditions than most everything. Your podiatrist considers walking a privilege. He is dedicated to keeping you walking in comfort."