



## **Podiatry Referral Letter**

## Please Use ID Label or Block Print To: Podiatrist / PAC UNIQUE RECORD NO. A NO. Please fax to NAME CHINESE NAME Plastic and Aesthetic Multidisciplinary Centre Fax: 2608 2330 Tel: 2608 3211 UNIT VISIT DATE / TIME SEX AGE ATTN. DOCTOR: Thank you for seeing the above client for management. CONSULT. DOCTOR: Previous Medical and Surgical History: **Current Medication:** Known Allergies:

PODIATRY treatment includes diagnosis and prescription of medication from the accepted Podiatrist's drugs formulary list as is necessary for the purposes of the treatment by the way of Podiatry.

☐ Routine Care

■ Wound Management

## Podiatrist's Drugs List

Foot Assessment

Others: \_\_\_

☐ Education / Advices

Biomechanical Assessment

Reasons for Referrals: (Please ✓ if appropriate)

rier cream	
0g/tube	
ent	
) Cream 45g/Tube (Urea 10%)	
troleum jelly)	
Zinc Oxide Cream 20g/tube	
Local Anaesthetics and Antipruritics	
g/tube (Mepyramine 2%)	
50ml/bot	
ube (Crotamiton 10%)	
Marcaine 0.25% Inj, 20ml (Bupivacaine 0.25%)	
20ml (Bupivacaine 0.5%)	
5ml (Lignocaine 1%)	
5ml (Lignocaine 2%)	
ray (Lignocaine 10%)	
Xylocaine 2% Jelly 30g/tube (Lignocaine 2%)	
Antifungal and antiviral agents	
catopic) 1% cream, 20g/Tube (Canesten)	
cylic acid 16.7%)	
15g/Tube Eqv. = Candiplas (Miconazole)	
/Tube (Terbinafine)	
am 20g/Tube (Amorolfine)	
acquer (Amorolfine)	
% Eqv.=Candazole (Clotrimazole 1%)	
Travogen Cream 20g/tube (Isoconazole 1%)	
)g/tube (Isoconazole 1%)	
Og/tube (Isoconazole 1%) Og/tube (Isoconazole and diflucortolone)	

Should you request further information, please do not hesitate to contact the undersigned.

Thank you very much.

Yours sincerely,

NUA-446-20-2739(R4)

Signature of the Doctor	Name & Position of the Doctor	Contact No. of the Doctor	Date	<del></del>
Effective since 15-06-2020	Approved by DON			Page 1 of 1