



ANDERSON
PODIATRY
CENTER
LASER
THERAPY

Dear Doctor,

Your patient has requested a referral for laser treatment of their fungal fingernails. As podiatrists at Anderson Podiatry Center Laser Therapy we can treat your patient's fingernails with a confirmation of the diagnosis and a prescription from you. See included prescription form.

From our experience as the first laser toenail treatment center in Colorado, we would recommend once treatment begins that your office follow up with the patient every six months for evaluation and recommendation for further treatment as needed. History has shown us that two to three treatments with our PinPointe Laser are usually required. We also offer a maintenance program every ninety days to discourage reinfection. Your patient would require a new prescription every three treatments if needed.

We'll send a summary after each patient visit and refer your patient back to you for evaluation after treatment(s). Thanks for your assistance and please call for any questions.

Sincerely,

Dr. James Anderson, DPM

Dr. Michael Thomas, DPM

Dr. Jared Overman, DPM

Dr. Keith Murdock, DPM



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800-866-4620 Toll Free

970-484-4620 Direct

970-484-4645 Fax

Patient Name: _____ DOB: ____/____/____

DATE: _____

Phone: _____ Cell: _____

Email: _____

Physician Name: _____ Physician Contact

Info: _____

Prescribed Therapy

Laser Treatment for fingernails: Right 1 2 3 4 5 Left 1 2 3 4 5

Patient to have PinPointe laser treatment for _____

ICD9: _____

Patient had hepatic function panel: Yes No Date Ordered: ____/____/____

Patient given a prescription for Terbinafine : Yes No Date Written: ____/____/____

Patient given a prescription for Sporanox: Yes No Date Written: ____/____/____

Patient given a prescription for _____ Date Written: ____/____/____

Prescriber Signature: _____

Date: _____