

**APPLICATION FOR PODIATRIC SERVICE**

**Reply to:**

\_\_\_\_\_  
HOSPITAL NAME

1. Name of podiatrist responsible for the service: \_\_\_\_\_  
\_\_\_\_\_

2. Describe the method by which a podiatric patient receives necessary medical care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Number of podiatrists on the medical staff: \_\_\_\_\_

4. Number of podiatry admissions annually: \_\_\_\_\_

5. Scope of services provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe how the podiatric service relates to the medical staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_