

2Smiley Feet Client Referral to Doctor



Date: _____

2Smiley Feet
9702 Gayton Road #267
Richmond, VA 23238
(804)334-6980
2smileyfeet.com

Certified Master Pedicurist: Lorna Morton

Client's Name _____

I am referring my client for possible medical attention for one or more of the following

- Redness around the nail, foot, hand, fingers, face
 - Accidental injury with nail/foot/hand care treatment
 - Skin problem or rash
 - Skin reaction to beauty product
 - Nail discoloration
 - Nail pain
 - Thin or brittle nails
 - Foot pain
 - Problem from acrylic, gel nails, nail wraps
 - Painful thick skin or corns
 - Other problem
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Dear Doctor _____

I greatly appreciate you seeing, _____, my client and examining him/her for the above potential problem. If you determine he/she can continue my services, I have a form that you can authorize that allows him/her return with any restrictions or instructions. Thank you for your assistance.

Lorna Morton, CMP
www.2smileyfeet.com