Anchorage **Neurosurgical**
ASSOCIATES INC.
BRAIN | SPINE | NERVES | EST. 1981

3831 Piper Street | Suite S450 | Anchorage, Alaska 99508 | Phone 907-258-6999 | Fax 907-258-6247

*Diplomats of the American Board of Neurological Surgery

***Le He, M.D.** ***James Bales, M.D., Ph.D.** **Jennifer Sokolowski, M.D., Ph.D.** **Erik Kussro, D.O.**
Janell Myers, PA-C **Erika Arthur, PA-C** **Ebunoluwa Osara, FNP**

Date: _____ *Number of Pages:* _____

Facility: _____ *Attn:* _____

Address: _____ *Fax #:* _____

_____ *Phone #:* _____

REFERRAL FORM

To make a referral to Anchorage Neurosurgical Associates, Inc., please complete this form and fax it to our office at (907) 258-6247 with medical records and the imaging reports.

Doctor referring to (if none selected, the referral will be given to the Physician on call on the date of the referral):

____ Le He, M.D. ____ James Bales, M.D., Ph.D. ____ Jennifer Sokolowski, M.D., Ph.D. ____ Erik Kussro, D.O.

Patient Name: _____ Phone: _____

SSN: _____

Representative: _____ Date of Birth _____

Insurance: _____ WC _____ MVA _____ Other _____

(ANAI does not see patients with Federal WC. ANAI does not bill MVA claims)

Reason for Referral: _____

Studies: ___ MRI ___ CT ___ X-rays ___ Physical Therapy ___ EMGs Other _____

Has the Patient had prior surgery in this area? ___ Yes ___ No If so, ANAI needs films and reports.

Referring Doctor: _____ Date of Referral: _____

Address: _____ Phone: _____

_____ Fax: _____

Form completed by: _____ Phone: _____

Once ANAI receives this form, the medical records (please include all records pertaining to the reason for patient referral and any other physician's records), and the actual imaging, the ANAI Physician will be given the material for review. No reviews will occur until all records and appropriate studies have been received. If after review, it is determined the patient needs to be seen for evaluation, we will contact the patient for an appointment. If the patient does not need to be seen, we will contact your office.

THANK YOU for your referral! If you have any questions, please feel free to call our office.

* Please contact *Anchorage Neurosurgical* at (907) 258-6999 to verify the receipt of this fax or to report transmission problems. *