

GREATLAND CLINICAL ASSOCIATES

1400 W. Benson Blvd, Ste 315 Anchorage, AK 99503

Tel. (907)929-4009 Fax (907)-929-4902

REFERRAL FORM



Referring to:

___ Ann Yates, APRN

___ Frances Haering, LPC

___ Sara Rottman, ANP-NPI

___ Aryeh Levenson, MD

___ Judith Dean, PhD

___ Sarah McCutcheon, MD

___ Allison Koos Fox, LPC

___ Lisa Alexia, PA-C

___ Shawna Fox, LPC

___ Connie Chevalier, APRN

___ Masao Yanagida, MD

___ Eric Garby, MD

___ Mike Blakey, PsyD

___ No preference

Patient information

Name: _____ DOB: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Insurance: _____ Policy #: _____

Please include: Patient Demographics Most recent chart note Copy of Insurance card(s) Med list

Referring Provider: _____ Phone number: _____

Company name: _____ Fax Number: _____

Please check if provider is already aware of referral to them.

Reason for Referral: Therapy Medication Management

Additional Comments:

Signature: _____ Date: _____

Fax referral to 907-929-4902