Referral Form

Print Form

4015 Lake Otis Parkway, Suite 201 Anchorage, AK 99508 • Phone 907-771-3500 • Fax 907-771-3550 • www.akhanddoc.com

Providers:

Michael G. McNamara, MD
Jason R. Gray, MD
Robert R. Thomas, PA-C
Andrew A. Baber, PA-C

Specialties:

Hand/Wrist
Forearm
Elbow
Shoulder
Sports Medicine
Fracture Care
Knee
Hip

Referring Provider/Clinic: Please complete the following information and fax this form (along with any patient records) to our office. To confirm receipt, please call our office. Once the referral has been received and processed, AkHES staff will contact your patient directly to schedule an appointment. Thank you!

Fax to: (907) 771-3550

Patient Referred To:

- ☐ Michael G. McNamara, MD
- ☐ Jason R. Gray, MD
- ☐ PA for work-up
- ☐ No preference – next available

Today's Date: ____ /____ /_____

Appointment Time Frame: ☐ URGENT – Timeframe _____ ☐ Non Urgent

Full Patient Name: _____ Patient DOB: ____ /____ /_____

Patient Phone Number: _____ Guardian (if applicable): _____

Patient Insurance: _____

Reason for Referral: _____

Which extremity? ☐ Right ☐ Left ☐ Both _____

Patient Records Attached? ☐ YES ☐ NO Studies done? ☐ X-rays ☐ MRI ☐ NCV ☐ Other: _____

Referred by: _____

Referring Provider/Clinic Phone Number: _____

Dr. McNamara completed a fellowship in Hand Surgery and specializes in hand, elbow, and shoulder surgery. He has over two decades of experience caring for Alaskans.

Dr. Gray completed a fellowship in Hand and Upper Extremity and has additional interests in Hip and Knee arthroplasty and Sports Medicine.

For complete provider bios, please refer to www.akhanddoc.com