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## Referral Form

### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell/Alt Number: \_\_\_\_\_  
Insurance #1: \_\_\_\_\_ Insurance #2: \_\_\_\_\_

### Referral Information

Reason for Referral: \_\_\_\_\_  
Date of Onset: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_ Facility: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Appointment Information

#### Schedule Patient With:

\_\_\_\_ Jeanne E. Anderson, MD                      \_\_\_\_\_ Shannon L. Smiley, MD  
\_\_\_\_ Dennis D. Beckworth, MD                      \_\_\_\_\_ Carl R. Tahn, MD  
\_\_\_\_ Ellen H. Chirichella, MD                      \_\_\_\_\_ Any Physician

#### Please Schedule Patient:

\_\_\_\_ ASAP                      \_\_\_\_\_ Next Available                      Other: \_\_\_\_\_

### Referral Guidelines

1. When referring a patient, please complete this form and return it, along with a copy of the patient's medical records pertaining to the diagnosis.
  - a. Hematology
    - i. One year or more of lab results
    - ii. Referring MD chart notes pertinent to diagnosis
  - b. Oncology **ALSO** include:
    - i. Diagnostic studies
    - ii. Hospital Notes/Discharge Summary
    - iii. Pathology Reports (ER/PR & HER-2 for breast cancer)
    - iv. Operative Reports

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Thank you for referring your patient to Katmai Oncology Group.  
We will contact the patient to schedule their appointment.