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Please note that we do not do consults for disability determination.

Patient Name: _____ Today's Date: _____

Phone: _____ Sex: _____ DOB: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance (Primary): _____ Policy#: _____

VA Authorization Requested: Yes Date Requested: _____

Diagnosis Code: _____

Required Documentation: Recent Chart Note Patient Demographics Copy of Patients Insurance Card

Graham Glass MD (Neurology & Sleep)

Ross Dodge, MD (Adult & Pediatric Sleep Medicine) Danielle Lisse, APRN (Pediatric Sleep Medicine)

Robert Lada, MD (Neurology & Sleep) Genevieve Corbett APRN (Neurology & Sleep)

Marci Troxell D.O. (Neurology) Jimin Hwang, APRN (Adult Sleep & Neurology)

Tasha Powell MD. (Neurology) Emily Garhart, APRN (Adult Sleep Medicine)

Mark Holman, Psy.D (CST-Insomnia) Jaclyn Housley, APRN (Adult Sleep & Neurology)

First Available, our practice will identify the earliest appointment with the provider who can meet the patient's needs

Reason for Referral/Clinical History

Previous Imaging: Yes No

Date: _____ Facility: _____

Previous Sleep Study: Yes No

Date: _____ Facility: _____

Previous EMG: Yes No

Date: _____ Facility: _____

Previous EEG: Yes No

Date: _____ Facility: _____

Referring physician: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____