

SLEEP DISORDER REFERRAL FORM



- G. Scott Warner, MD, FACP, FAASM
- Board-certified Sleep Specialist: NPI 1194754788
 - Accepting ADULT and PEDIATRIC patients (Age 3+)

- Accredited by the American Academy of Sleep Medicine (AASM)
- Serving Huntsville, Decatur and Cullman

Patient Name: _____ DOB: _____

Patient email: _____ Patient cell phone: _____

Insurance: _____ Referring Physician: _____

Preferred Consult Location:

- Huntsville** 1101 McMurtrie Drive, NW. Suite G-2
- Decatur** 1304 13th Ave. SE, Suite E.
- Cullman** 1803 Park View Drive, NE

Reason for Consultation:

- Sleep Apnea/Suspected Sleep Apnea Insomnia
 Sleepiness/Suspected Narcolepsy other _____

Instructions:

1. Fax demographic sheet with this referral form to:
Fax (256) 737-8004
2. Ask patients to complete our Registration Form which can be completed online at
<https://ALSleepHealth.com/appointments>
3. For patients who had prior sleep studies, please fax all reports to 256-737-8004

To speak with our Scheduler call 256-737-8072. Thank you for allowing us to take care of your sleep disorder patients.

ALABAMA INSTITUTE FOR SLEEP HEALTH