

# 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 north central Alabama since 1997

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient email: \_\_\_\_\_ Patient cell phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

**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