

# SLEEP DISORDER REFERRAL FORM



ALABAMA INSTITUTE FOR SLEEP HEALTH



**Sleep  
Centers  
of  
North  
Alabama**

- G. Scott Warner, MD, FACP, FAASM
- Board-certified Sleep Specialist; NPI 1194754788
- Accepting ADULT and PEDIATRIC patients (>5 yr old)

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

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

Patient email: \_\_\_\_\_

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

## Preferred Consult Location

- Huntsville** 1101 McMurtrie Drive NW, Suite G-2 Phone:(256)384-2408
- Decatur** 1304 13th Ave, SE, Suite E Phone:(256)384-2408
- Cullman** 1803 Park View Drive, NE Phone:(256)739-7050

## Reason for Consultation:

- Sleep Apnea/Suspected Sleep Apnea       Insomnia
- Sleepiness/Suspected Narcolepsy       other \_\_\_\_\_

## Instructions:

1. Fax demographic sheet with this referral to:  
Huntsville Fax: (256)203-6464  
Decatur Fax (256)203-6464  
Cullman Fax (256)737-8004
2. Ask patients to complete Dr. Warner's Registration Form which can be completed online at <https://ALSleepHealth.com/appointments>
3. For patients who have had prior sleep studies, please fax all reports to 256-737-8004

*Thank you for allowing us to see your sleep disorder patients. If you experience any difficulty or have questions, please do not hesitate to call me at my office 256-739-7050. Dr. Warner*