

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: _____ Patient cell phone _____

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