



FAX REFERRAL FORM – Roy Sleep Medicine, Inc.

James W. Roy, M.D., Ph.D.

Adult and Pediatric Sleep Medicine

Roy Sleep Medicine

...The Name You Trust in Sleep Medicine!

Huntsville Office (main): 4704 Whitesburg Dr., Suite 201, Huntsville, Phone: 256-213-1800

Madison Office: 3809 Sullivan St., Suite 6A, Madison, Phone: 256-213-1800

Decatur Office: 1874 Beltline Rd., Suite 100, Decatur, Phone: 256-213-1800

For new appointments, please FAX this completed form to (256) 429-9186.

*You will receive a fax confirmation for the appointment within three working days.

Patient Information:

Name: _____ DOB: _____

Phone #: (H) _____ (W) _____ (C) _____

Referring Office Information:

Physician/Clinician Name: _____ Phone: _____

Staff Contact Name: _____ Fax: _____

Please Include a Copy of Patient's Insurance Card Or Complete Insurance Information Below:

Patient Insurance Information:

Primary: _____ Policy #: _____ Policy Holder: _____ DOB: _____

Secondary: _____ Policy #: _____ Policy Holder: _____ DOB: _____

Preferred Roy Sleep Medicine Location:

[] Huntsville office [] Madison office [] Decatur office

Reason for Referral:

[] Sleep Apnea [] Restless Legs [] Snoring [] Oral Appliance Evaluation

[] Sleepiness [] Insomnia [] Other _____

SNORING: Do you snore loudly? Yes ___ No ___

TIRED: Do you often feel tired or sleepy during the daytime? Yes ___ No ___

OBSERVED: Has anyone observed you stop breathing during sleep? Yes ___ No ___

BLOOD PRESSURE: Do you have high blood pressure? Yes ___ No ___

2 or more "Yes" responses = High risk for SLEEP APNEA



*Appointment Date: _____

*Appointment Time: _____

* Huntsville / Madison / Decatur

Offering a broad range of high quality sleep-related services

- On-site CPAP Clinic
Oral Appliance Therapy
CPAP supplies mailed to order
Adult and Pediatric Evaluations
Medication Management

For RSM Office Use Only

Date RSM Contacted Patient:

1. _____ 2. _____ 3. _____