FAX REFERRAL FORM - Roy Sleep Medicine, Inc. Adult and Pediatric Sleep Specialists

James W. Roy, M.D., Ph.D. Darren P. Gannuch, M.D.

Huntsville Office (& Mailing): *3500 Memorial Parkway S.W. Huntsville, AL 35801

Roy Sleep Medicine

Madison Office: 3809 Sullivan St., Suite 6A Madison, AL 35758

Decatur Office: 1874 Beltline Rd., Suite 100 Decatur, AL 35601

*PLEASE NOTE NEW HUNTSVILLE ADDRESS

Phone: (256) 213-1800 (all locations)

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: DOR:

Name.			
Phone #: (H) (W)	(C)		
Email:			
Referring Office Information:			
Physician/Clinician Name:	Phone:		
Staff Contact Name:	Fax:		
Please attach pertinent info:DemographicsLas			
Patient Insurance Information:			
Primary:Policy #:	Policy Holder:	DOB:	
Secondary:Policy #:	Policy Holder:	DOB:	
Preferred Location: □ Huntsville office □ Madison office	□ Decatur office		
Preferred Physician: 1 st Available M.D.	Offering a Broad Range of High Quality Sleep-Related Services:		
Dr. James W. Roy (Adults & Children)	On-site CPAP Clinic		
□ Dr. Darren Gannuch (Adults only)	 Oral Appliance Therapy CPAP Supplies Adult and Pediatric Evaluations Medication Management 		
Reason for Referral:			
\Box Sleep Apnea \Box Snoring \Box Sleepiness		 Comprehensive Sleep Care 	
□ Oral Appliance Evaluation □ Restless Legs			
□ Insomnia □Other	— *Appointment Date:		

For RSM Office Use Only.

Date RSM Contacted Patient:

www.RoySleepMedicine.com

- *Appointment Time: _____
- * Huntsville / Madison / Decatur Office
- * Dr. Roy / Dr. Gannuch