



Roy Sleep Medicine

FAX REFERRAL FORM – Roy Sleep Medicine, Inc.

Adult and Pediatric Sleep Specialists

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

Marijo-Anne L. Molina, M.D.

Robert C. Buss, M.D.

Huntsville Office (& Mailing):

3500 Memorial Parkway SW
Huntsville, AL 35801

Madison Office:

550 Sun Temple Drive
Madison, AL 35758

Decatur Office:

1874 Beltline Rd., Suite 100
Decatur, AL 35601

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: _____ DOB: _____

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

Email: _____

Referring Office Information:

Physician/Clinician Name: _____ Phone: _____

Staff Contact Name: _____ Fax: _____

Please attach pertinent info: __ Demographics __ Last Office Visit __ Recent Labs __ Prior Sleep Studies

Patient Insurance Information:

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

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

Preferred Location:

Huntsville office Madison office Decatur office

Preferred Physician:

- 1st Available M.D.
- Dr. James W. Roy (Adults & Children)
- Dr. Marijo-Anne L. Molina (Adults & Children)
- Dr. Robert C. Buss (Adults & Children)

Reason for Referral:

- Sleep Apnea Restless Legs Snoring
- Oral Appliance Evaluation Sleepiness
- Insomnia Other _____

For RSM Office Use Only:

Dates RSM Contacted Patient:
1. _____ 2. _____

www.RoySleepMedicine.com

Offering a Broad Range of High Quality Sleep-Related Services

- On-site CPAP Clinic
- Oral Appliance Therapy
- CPAP Supplies
- Adult and Pediatric Evaluations
- Medication Management
- Comprehensive Sleep Care

*Appointment Date: _____

*Appointment Time: _____

* Huntsville / Madison / Decatur

*Dr. Roy / Dr. Molina / Dr. Buss