

# Sleep Medicine Referral- Dr. Geyer

## Alabama Neurology & Sleep Medicine

100 Rice Mine Road Loop, Suite 301 · Tuscaloosa, AL · 35406

Fax to: ANSM Scheduling Department

Fax #: 205-469-4170

Phone #: 205-345-3881

Form Completed by: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Please Print Legibly\*\***

**REFERRING DOCTOR'S USE**

Referring Doctor: \_\_\_\_\_

Diagnosis:

Obesity

Daytime Sleepiness

Possible Sleep Apnea

Other: \_\_\_\_\_

**REFERRING DOCTOR'S STAFF USE**

**Patient Name:**

\_\_\_\_\_  
First                      MI                      Last

DOB: \_\_\_\_\_

Address \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work # (\_\_\_\_) \_\_\_\_\_

SS# \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

Insurance Type \_\_\_\_\_ Referral Required? Yes  No  # \_\_\_\_\_

Please send photo copy of insurance card(s) along with this form.

**Facsimile Records**

The information in this facsimile is legally privileged and confidential information only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, copying, disclosure or otherwise of this facsimile transmission is strictly prohibited. If you have received this in error, please notify the sender immediately by telephone and return the original message to the address above via the United States Postal Service.

**ANSM INTERNAL USE**

Scheduled Appointment Time \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ with Dr. Geyer

Pt Notified \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ By: \_\_\_\_\_

**FAXED:** \_\_\_\_\_