

REFERRAL TO

SleepMedicineAssociates

Treating Sleep Disorders in Adults & Pediatrics at 5 Locations:

SEATTLE * N. SEATTLE * ISSAQUAH * REDMOND * MILL CREEK (May 2011)

Expanding our sleep medicine expertise and service.

Access sleep care closer to your home and work.

Fax To: Sleep Medicine Associates

Fax: 206-215-1135

Date: _____

Patient Name: (First, Middle Initial, Last): _____

Patient DOB: _____

Patient Daytime Phone: _____ Patient Evening Phone: _____

Patient Primary Insurance Carrier: _____

Referral To (choose one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Ralph Pascualy, M.D. | <input type="checkbox"/> Ian Merrill, M.D. | <input type="checkbox"/> Iryna Sapieha, M.D. |
| <input type="checkbox"/> Sarah Stolz, M.D. | <input type="checkbox"/> Barbara Parkman, ARNP | <input type="checkbox"/> Lina Fine, M.D. |
| <input type="checkbox"/> Darius Zoroufy, M.D. | <input type="checkbox"/> David Margelli, PA-C | <input type="checkbox"/> Next Available Provider |

Pediatric Sleep Disorders in Infants, Children and Adolescents:

- Preetam Bandla, M.D. – Pediatric Sleep Disorders

Preferred Location:

- Seattle (James Tower)
 N. Seattle
 Issaquah
 Redmond
 Mill Creek (May 2011)

Appointment:

- Call Patient
 Next Available
 Urgent within _____ days

Evaluation Request For (choose as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Unexplained Fatigue |
| <input type="checkbox"/> Daytime Sleepiness | <input type="checkbox"/> Narcolepsy |
| <input type="checkbox"/> Night Terrors / Sleepwalking | <input type="checkbox"/> Shift-Work / Jet Lag |
| <input type="checkbox"/> Restless Legs Syndrome | <input type="checkbox"/> Parasomnias |
| <input type="checkbox"/> Apnea Link Screening / If Positive, Consult | <input type="checkbox"/> Other _____ |

Referring Provider Name (please print): _____

Provider Clinic Facility Name: _____

Provider Telephone: _____ Fax: _____

Address: _____ City: _____

State: _____ Zip _____

Additional Reports To: _____

Additional Comments/Concerns: _____

Sleep Medicine Associates

Main Office: 550 – 17th Ave, James Tower, Level A-20, Seattle, WA 98122
206-386-4744 Appointment Line | 206-223-8515 Physician Line | Website: GoSleep.com