



# vital Sleep Care

Address: 44 Hughes RD, STE 2500 Madison AL 35758. Phone: (256) 464-2920.

Fax: (256) 542-3200

## Physician Referral Form

Referring Practice Name: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Referring Physician Phone Number: \_\_\_\_\_

Referring Physician Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Comments:

**Note:** Please attach patient's demographics, insurance information, relevant progress notes and any pertinent test results with this referral. Thank you for the referral. We appreciate the confidence you place in our practice.

Please fax all the documents to Vital Sleep Care at (256) 542-3200