



44 Hughes RD, Ste 2500
Madison AL 35758



1010 Airport RD, Ste A
Huntsville AL 35802

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