Wexner Medical Center

Sleep Disorders Center
Sleep Medicine Clinics
Division of Pulmonary, Allergy, Critical Care and Sleep Medicine

Martha Morehouse Medical Plaza
The Pavilion
2050 Kenny Rd, Suite 2200
Columbus, OH 43221
Phone: (614) 293-4925 / Fax (614) 293-5503
http://lungcenter.osu.edu/

APPOINTMENT REQUEST FORM FOR PHYSICIANS
(PLEASE FAX REQUEST TO 614-293-5503 OR CALL 614-293-4925)

Today's Date:

Patient Name:

Date of Birth:

Address:

Phone:

CHOOSE A PREFERRED CLINIC LOCATION FOR THE PATIENT:

- ☐ Martha Morehouse Medical Plaza, 2050 Kenny Road, Suite 2200 Columbus, OH 43221
- ☐ Stoneridge Medical Center, 3900 Stoneridge Lane, Dublin, OH 43017
- ☐ CarePoint East, 543 Taylor Ave., Columbus, OH 43203

Reason/s for Referral (please check all that apply):

- ☐ excessive daytime sleepiness
- ☐ snoring
- ☐ witnessed apneas
- ☐ insomnia
- ☐ restless legs
- ☐ sleep walking
- ☐ unusual behavior during sleep
- ☐ fatigue
- ☐ inability to tolerate CPAP
- ☐ second opinion (please fax previous records)
- ☐ Other:

Insurance Info:

Insurance Company: _____

Insurance ID # : _____

Insurance Phone #: _____

Please forward pertinent patient records including previous sleep studies, if applicable

Office Use Only:

Seen by our sleep Dr. before? □ Yes □ No If Yes, physician_____

Scheduling complete? □ Yes □ No

Medical records received? □ Yes □ No

Date & time of appointment: _____

Packet mailed: _____

Physician patient is to see: _____

Please indicate if an interpreter is necessary: □ Yes □ No If Yes, language spoken_____