

PATIENT REFERAL

Group NPI: 1881210599 Provider NPI: 1982010203

Center for Integrative Sleep Medicine

Referral to:

Dr Omavi Bailey MD MPH Board Certified Sleep Specialist

6960 Pitt Str | El Paso, TX 79912 (West) 10460 Vista del Sol Dr | El Paso, TX 79925 (East)

Scheduling Line: (833) 327–5337 Referral Fax: (855) 448 9510 Make appointments online at www.theSleepMD.com

Patient Info		Referring Provider		
Date				
Pate of Birth Phys		rring Physicianician Phone #ician Fax # batients demographer information and insurance card.		
MEDICAL HISTORY				
High Blood Pressure Diabetes Obesity COPD Hypothyroid Asthma	Enlarged Tonsils Seizure Disorder Heart Disease Arrhythmia Heart Failure Stroke		Chronic Pain ADHD Depression / A Dementia Erectile Dysfun Marital Problen	ction
REASON FOR REFERRAL				
Snoring Insomnia Excessive Sleepiness Sleep Apnea	Obesity Hypoventilation Weight Loss Sleep Walking		Restless Leg S Narcolepsy Sleep Related Circadian Rhyt	Hypoxia
REQUEST FOR EVALUATION				
Sleep Eval & Treat	Zepbound Evaluation		omnia -Sleepio	Home Sleep Test
REFERRING PROVIDER ATTESTATION By checking this box, I attest that I am the patient's referring provider and that the information contained on this form is based on a face-to-face office visit. I am referring this patient to be evaluated and treated by a sleep specialist at The Sleep MD.				