

Sleep Medicine Referral

Memorial Hospital Sleep Medicine Clinic
500 London Ave.
Marysville, OH 43040
Entrance E
Phone: (937) 578-2735



Logan Dalal, MD

Referral Steps:

- 1) Fax this referral form to (937) 578-2019 with:
 - a. Any previous sleep study reports, if completed
 - b. Patient demographic sheet
 - c. Patient insurance card (**send front and back**)
 - d. CPAP Failure and Intolerance records: **for an Inspire consult only**
- 2) Call Memorial Hospital's Central Scheduling at (937) 578-2020.

Patient Information

Name: _____ Date of birth: _____

Home phone: _____ Cell phone: _____

Reason for Referral

- ☐ Sleep Study only; and follow up, if positive
- ☐ Consultation
- ☐ Evaluation for Inspire
- ☐ Other/Comments:

Referring Provider Information

Provider name: _____

Practice name: _____

Address: _____

Phone: _____