



OHIO SLEEP MEDICINE INSTITUTE

CENTER OF SLEEP MEDICINE EXCELLENCE™

MARKUS H. SCHMIDT, M.D., Ph.D.
President and Director of Research
Diplomate-American Board of Sleep Medicine
Diplomate-ABPN Sleep Medicine

ASIM ROY, M.D.
Medical Director
Diplomate-ABPN Sleep Medicine

ADAM P. PLEISTER, M.D.
Clinical and Research Associate

DEEPA PATEL, C.N.P.
Clinical Nurse Practitioner

MARY HURLEY, C.N.P.
Clinical Nurse Practitioner

Referral Request Form

Fax to 888-491-5348

Patient Name: _____ DOB: _____

Patient Telephone (H): _____ (W): _____ (Cell): _____

Primary Insurance Co.: _____

Secondary Insurance Co.: _____

Referring Physician (print name): _____

Physician Address: _____

Physician Tel: _____ Fax: _____

Reason(s) for referral

- Obstructive Sleep Apnea
- Restless Legs Syndrome
- Narcolepsy
- Insomnia
- Other _____

Physician Signature: _____ Date: _____

Please select preferred office location for referral:

- Dublin Office
4975 Bradenton Ave.
(Off of I-270/Tuttle Crossing and Frantz Road.)
- New Albany Office
7277 Smith's Mill Rd.
(Take Johnstown Road or Rt 62 exit just north of Rt 161)
- Either office or first available

