Salem Pulmonary Associates, PC

801 Mission St SE
Salem, OR, 97302
Tel: 503 588 3945
Fax: 503 588 0256

Sleep Patient Referral

Date:_____

Patient Name: _____ **DOB:_____**

Address:_____

City:_____ **State:_____** **Zip:_____**

Phone:_____

Primary Insurance:_____ **Secondary Insurance:_____**

ID#:_____ **ID#:_____**

Group #:_____ **Group #:_____**

Requesting Physician Name:_____

Referral Number:_____

Primary DX: _____

Please Circle the Requested Services:

New Patient evaluation & treatment

Reestablish care

Ambulatory/ Home Sleep Study

Overnight Polysomnography

Overnight Oximetry

URGENT / NEXT AVAILABLE

If you have any questions please call at 503-588-3945 and ask to speak to a Scheduler.
Please Fax This Form to 503-588-0256