Physician Referral Form

James Sosnowchik, M.D.
H. Andrew Wilson, Jr., M.D.
2022 Brookwood Medical Center Drive, Suite 310
Birmingham, Alabama 35209
205.871.9112 Phone
205.871.9114 Fax
www.sleepandlungdocs.com

Patient Information

First Name:_____ Last Name:_____
MI:_____
Date of Birth:_____
Address:_____
City:_____ State:_____ Zip:_____
Daytime phone number: _____

Insurance Information

Insurance:_____ Policy #:_____
Group:_____

Referring MD

Referring Physician:_____
Nurse: _____
Phone:_____
Fax:_____

Preliminary Diagnosis/Impression

_____ Sleep—Symptoms:_____
_____ Pulmonary—Symptoms:_____

Please fax a recent History & Physical, demographics, and a copy of insurance card with this order to 205.871.9114.

_____
Physician's Signature Date