Washington University in St. Louis Physicians

Department of Neurology
Multidisciplinary Sleep Medicine Center
212 N. Kingshighway, Suite 237, St. Louis, MO. 63108
Phone: (314) 362-4342 Fax: (314) 747-3813

REQUEST FOR CONSULATION

If you are requesting a consultation from one of our physicians we require that you complete this form and fax it back to our office prior to the patient's visit so we may serve you better.

All Fields Must be Completed

Patient Name:_____DOB:_____

Patient Contact Telephone #(s): Home:_____ Office:_____Cell:_____

Insurance Carrier:_____Authorization #:_____

Insurance Carrier Contact: Name/Phone Number:_____

Precertification/Benefits:_____

Requesting Physician: _____ Phone Number:_____

Office Address:_____Office Fax:_____

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The following is a Request for : (Circle One) Consultation Transfer of Care

Please forward with this form the latest H&P, demographics and copy of patient's insurance card.

*********SIGNS AND SYMPTOMS REASON FOR VISIT: (please circle or write in other)*********

Snoring witnessed apneas EDS headaches restless sleep

OTHER reason:_____

If there is a specific Sleep Medicine Physician you would like this patient to visit: (Circle One)

1st AVAILABLE Kelvin Yamada, M.D. Rachel Darken, M.D. PhD

Yo-El Ju, M.D. Tonya Russell, M.D. Jay Piccirillo, M.D. Terri Riutcel, M.D.

Amy Licis, M.D. Gabriela de Bruin, M.D. Brendan Lucey, M.D.

Scheduled Appointments will be made on the first availability by the designated provider circled above. If you require an appointment before the specified providers first availability please note your request above in REASON FOR REQUEST.

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Name, title and phone number of person completing this form:

_____Date:_____

We will make every effort to schedule your patient to see one of our physicians as quickly as possible. If you have any questions or concerns please contact our office at (314) 362-4342.

Please fax this completed request back to (314) -747-3813

Revised 10/2013