



SLEEP INSIGHTS DENTAL REFERRAL FORM

Kenneth Halliwell, MD, Medical Director

Board certified in Neurology and Sleep Medicine

2625 Delaware Avenue | Buffalo, NY 14216 | p (716) 332.0404 | f (716) 871.1998

7220 Porter Rd | Niagara Falls, NY 14304 | p (716) 575.0075 | f (716) 242.0611

SleepInsights.com

Last name	First name	MI
Phone	DOB	Sex: M F

Evaluate and manage oral appliance for sleep apnea/snoring

Other / Additional requests:

Please attach the following:

1.) Relevant clinical notes	3.) Insurance card
2.) Medication list	4.) Demographic sheet

Practitioner's signature _____ Date _____

Practitioner's name (PRINT) _____ NPI # _____

Practice name _____ Dental Practice **Y N**