



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) 403.2005 | 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	Gender

___ Evaluate and manage oral appliance for sleep apnea/snoring

___ Other / Additional requests:

FAX BELOW INFORMATION TO:

N. Buffalo 716.871.1998 or Niagara Falls 716.242.0611:

- *Medical* insurance card
- Relevant clinical notes
- Previous sleep or HST studies

Dentist's signature _____ Date _____

Dentist's name (PRINT) _____

Dental practice name _____