



# The Center for Sleep Medicine

*The Gold Standard in Sleep Care*

## SLEEP CENTER REQUISITION FORM

**FAX TO: (847) 231-4722**

Date: \_\_\_\_\_

### PROVIDER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### PATIENT INFORMATION

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NOTES (optional): \_\_\_\_\_

\_\_\_\_\_  
*Provider Signature*

**Please fax this requisition to our sleep center.  
We will call your patient to schedule.**

**THANK YOU!**

Our **Consultative, Independent Medical Practice** includes the following services, and more!

- ◆ Sleep studies (in-lab & home are available)
- ◆ Insomnia evaluation & treatment
- ◆ Consult & management of Positive Airway Pressure
- ◆ Oral appliance evaluation



**ACCREDITED**  
Facility Member™

[www.sleepmedcenter.com](http://www.sleepmedcenter.com)

**900 Technology Way  
Suite 120  
Libertyville, IL 60048  
Phone: (847) 231-4721  
Fax: (847) 231-4722**

**680 North Lake Shore Drive  
Suite 1210  
Chicago, IL 60611  
Phone: (312) 587-3765  
Fax: (312) 587-8376**

**2501 Compass Road  
Suite 105  
Glenview, IL 60026  
Phone: (847) 223-0717  
Fax: (847) 768-9925**

**1924 Springbrook Square Drive  
Naperville, IL 60564  
Phone: (630) 527-9950  
Fax: (630) 527-9953**

**10640 165th Street  
Orland Park, IL 60467  
Phone: (708) 364-0261  
Fax: (708) 364-0269**