



# TRANQUILITY SLEEP SPECIALISTS, PLC

<http://tranquilitysleep.com>

## APPOINTMENT REQUEST FORM

**Complete this form and we will have the practice location contact the patient to make an appointment.**

**Please choose a practice location:**

**Tennova Sleep Center North**

**Tennova Sleep Center West**

**Tennova Sleep Center Newport**

**Patient Preference**

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

**Previous Sleep Studies:** \_\_\_\_\_

**Patients Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Office Contact:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Symptoms or Suspected Diagnosis:**

**Snoring (786.09)**                       **Sleep Apnea (327.23)**                       **Daytime Sleepiness (327.10)**

**Restless Legs (333.94)**                       **Narcolepsy (347.00)**                       **Insomnia (327.00)**

**Parasomnia (327.40)**                       **Other:** \_\_\_\_\_

**PLEASE EMAIL OR FAX A COPY OF YOUR PHYSICIAN'S ORDER, INSURANCE CARDS, AND H&P OR LAST OFFICE NOTE TO: [ahsmith@mc.utmck.edu](mailto:ahsmith@mc.utmck.edu) or 888-381-3723**

**SLEEP CENTER USE ONLY**

**Appointment date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Provider:** \_\_\_\_\_ **Location:** \_\_\_\_\_