



Pulmonary and Sleep Medicine

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Request for Consultation Insomnia Clinic

Pinehurst Office

245 Page Road
Pinehurst, NC 28374

Sanford Office

1413 Greenway Court
Sanford, NC 27330

Consult For:

- Insomnia
- Restless Leg Syndrome
- Shift Work Disorder
- Sleep Apnea
- Sleep Disturbance
- Sleepiness
- Snoring
- Other: _____

Referral: Transfer of care for this problem.

Patient Information:

Name: _____ DOB: _____

Address: _____

Phone #: _____ Email: _____

Insurance Carrier: _____ ID# _____

Group #: _____ Effective Date: _____

Additional Information: _____

Referring Physician Name: _____

Please complete all fields of the form and fax all related documents such as office notes, sleep studies, pertinent lab work.

If the patient is on CPAP, BiPAP, please have them bring their machine to the appointment.

Additional referral forms are located on our website: <https://www.pinehurstmedical.com/pulmonology-at-pmc>