

Referral Slip

Referring Physician:

Patient name:

Date:

Date of birth:

Best contact telephone number:

Dear patient,

Based on our clinical interview and screening procedure we felt it is best for you to have a **sleep and wakefulness consultation** with Dr. Parham Gharagozlou.

An appointment has been made for you at

We informed his office about the referral and they will contact you to set up appointment.

Please call 925 849 6634 if you do not hear from them in 3 business days.

His office is located at 3108 Willow Pass Rd, Concord, CA 94519.

For directions please go to www.healthysleepcare.com or Call his office at 925-849-6634.

Indication:

Day time fatigue

Excessive sleepiness

stoppage of breathing or snoring

Abnormal behavior during night
(Parasomnias)

Insomnia

Shiftwork adjustment

Nightly leg discomfort (RLS)

Referring office: Thanks for your referral. Please fax a copy of this page to 925 849 6635