



Rhode Island Hospital  
A Lifespan Partner

RI Hospital Center for Primary Care  
& Specialty Medicine  
245 Chapman Street, Suite 300  
Providence, RI 02905 Phone: 401-444-5280 Fax: 401-444-4480  
<http://www.lifespan.org/rih/services/ambulatory/>

SLEEP CLINIC

MR#

Session Times: Tuesday Mornings / Once a Month

Patient's Name: _____	Date of Referral: _____
Address: _____	Referring Physician: _____
DOB: _____ Sex: _____	Address: _____
SS#: _____	_____
Interpreter Required: Y N Language: _____	_____
Phone: _____	Phone: _____
Insurance: _____	Fax: _____

**PLEASE REVIEW THE FOLLOWING GUIDELINES  
AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL.**

Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!

GUIDELINES	To expedite patient care, please follow these guidelines precisely. <b>Incomplete referrals will be returned and not processed until completed.</b>
All Referrals	Include patent's last Physical Exam (H&P), progress note for visit that generated referral, current medication list, & pertinent labs

Reason for Referral:

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Signature: \_\_\_\_\_

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