

Columbus Sleep Consultants

Rest assured.SM

GAUTAM SAMADDER, MD

ERIKA POEHM, MD

Our office will send a new patient packet including a map and appointment time to the patient.

Patient Name:

Address:

City/State/Zip:

Home Phone:

Work Phone:

Social Security Number:

Date of Birth:

Sex:

Insurance:

P.O. Box:

Group Number:

Account/ID Number:

Referring Physician:

Referring Physician Phone:

Referring Physician Fax:

Provisional Diagnosis

Please Check Box

- Obstructive Sleep Apnea (OSA)
- Narcolepsy
- Restless Legs
- Periodic Limb Movements
- Nocturnal Seizures
- Abnormal Behaviors During Sleep
- Other

Please fax complete form to Chaille at 614.328.2812. If you have any questions please contact us at 614.866.8200 or toll-free 866.751.5411, option 2. Please call to verify fax confirmation.

Please indicate which location is most convenient for your patient for their initial consultation with our physician.

**Eastside Sleep
Diagnostic Center**

99 North Brice Rd.
Columbus, OH 43213
614-866-8200

**Columbus Sleep
Diagnostic Center**

4845 Knightsbridge Blvd., Suite 210
Columbus, OH 43214

Westerville Office

477 Cooper Road, Suite 460
Westerville, OH 43081

**Newark Sleep
Diagnostic Center**

1900 Tamarack Rd., Suite 1908
Newark, OH 43055

**Lancaster Sleep
Diagnostic Center**

2405 North Columbus Street, Suite 270
Lancaster, OH 43130

**Grove City Sleep
Diagnostic Center**

4191 Kelnor Dr., Suite 200
Grove City, OH 43123