



AAIRS Clinic & Troy Sleep Center



ACCREDITED BY **AASM**
American Academy of
SLEEP MEDICINE™

Consultation Referral Form

Referral Date: _____

Patient Information:			
First Name:		Last Name:	
Date of Birth:		Gender:	
Parent/Guardian Name:			
Phone Number:			
Address:			
Insurance Plan Name/ID #:	Primary:		Secondary:

Consultation Referral For:		
Sleep Evaluation Pediatric/Adult Dr. Michel Alkhalil NPI 1518062942	Pulmonary & Sleep Evaluation Adult Only Dr. Peggy Rahal NPI 1912096702	Allergy, Asthma, & Immunology Evaluation Pediatric/Adult Dr. Aaron Kobernick NPI 1306027842

Reason For Referral: _____

Ordering Physician/Facility Information:	
Facility Name:	
Physician's Name:	
Phone Number:	Fax Number:
Address:	

AAIRS Clinic – Troy Sleep Center

Locations:

1500 West Big Beaver Road, Ste 107
Troy, MI 48084
48801 Romeo Plank Road, Ste 103A
Macomb, MI 48044
13860 Canal Rd, Ste 200, Sterling Heights,
MI 48313
Virtual Consultations in MI, OH, KY, LA,
TN, IN, IL, TX

AAIRS Clinic – Pulmonary Center

Locations:

1500 West Big Beaver Road, Ste 107
Troy, MI 48084
13860 Canal Rd, Ste 200, Sterling
Heights, MI 48313

AAIRS Clinic – Allergy, Asthma, & Immunology Center Locations:

1500 West Big Beaver Road, Ste 107 Troy,
MI 48084
48801 Romeo Plank Road, Ste 103A
Macomb, MI 48044
Virtual Consultations in MI

Please fax this form to 248-689-5711 or visit AAIRSONline.com/providers to submit e-referral

Thank you so much for allowing us to participate in the care of your patient!



www.AAIRSclinic.com



248-689-1000



248-689-5711



online@AAIRSclinic.com