

PATIENT INFORMATION**ALL FIELDS ARE REQUIRED
PRIOR TO APPOINTMENT
SCHEDULING**

Patient Name: _____

Patient Phone: _____ Date of Birth: _____

**WITH THIS ORDER, PLEASE FAX COPY OF PATIENT DEMOGRAPHICS AND INSURANCE INFO.
THE SPEECH THERAPY DEPARTMENT WILL CONTACT THE PATIENT DIRECTLY TO SCHEDULE.****PHYSICIAN INFORMATION**

Name: _____

Phone: _____ Fax Report To: _____

****PLEASE DOCUMENT THE MOST SPECIFIC DX CODE POSSIBLE, PER ICD-10 GUIDELINES****[Example: Dysphagia following nontraumatic **subarachnoid** / **intracerebral** / **other** hemorrhage]***ONE DIAGNOSIS REQUIRED – CHOOSE FROM LIST BELOW:**

- Dysphagia following nontraumatic **subarachnoid** / **intracerebral** / **other** hemorrhage
- Dysphagia following cerebral infarction
- Dysphagia following **other** / **unspecified** cerebrovascular disease
- Pneumonitis due to inhalation of food and vomit

***TWO DIAGNOSES REQUIRED – CHOOSE FROM LIST BELOW:**

- Dysphagia, unspecified
- Dysphagia, oral phase
- Dysphagia, oropharyngeal phase
- Dysphagia, pharyngeal phase
- Dysphagia, pharyngoesophageal phase
- Other dysphagia

MUST have a secondary diagnosis from the list below.

- Feeding difficulties
- Huntington's disease
- Multiple sclerosis
- Parkinson's disease
- Amyotrophic lateral sclerosis
- Other motor neuron disease
- Cerebral infarction, unspecified
- OTHER: _____
- Other cerebrovascular disease
- Paralysis of vocal cords & larynx, **unilateral** / **bilateral**
- Pneumonitis due to inhalation of food and vomit
- Gastro-esophageal reflux disease without esophagitis
- Benign** / **Malignant** Neoplasm of the: _____
- Myasthenia gravis **with** / **without** acute exacerbation

(For approved ICD-10 secondary OTHER DX, please call the SLP department at 979-821-7571)

ORDER / PRESCRIPTION

Modified Barium Swallow Study (X-ray swallowing evaluation with Speech-Language Pathologist)

Referring Physician's Signature: _____ Date: _____