



Cara Bryan, MA, CCC/SLP
cara@southtampavoicetherapy.com
southtampavoicetherapy.com

p. (813) 728.6601
f. (813) 354.4800

Speech Pathology Evaluation/Treatment Referral Form

Patient: _____

DOB: _____

Phone: _____

History: _____

Diagnosis and Code: _____

Date of Onset/Injury: _____

Date of Surgery: _____

Videostroboscopy (31579)
Flexible nasendoscopy: may use Afrin and/or Lidocaine Hydrochloride 2% Jelly
Rigid oral scope: may use Hurracaine spray for hypersensitive gag reflex

Clinical swallow evaluation (92610)

Fiberoptic Endoscopic Evaluation of Swallowing (92612)
Flexible nasendoscopy: may use Afrin and/or Lidocaine Hydrochloride 2% Jelly

Voice Evaluation with Laryngeal Function Studies (92524 and 92520)

Swallowing therapy (92526)

Speech Therapy (92507)

Physician findings: _____

Physician signature: _____

Physician name (printed): _____

Phone or Fax: _____

Referral date: _____