



Information required to schedule with DiagnosTEX.
Phone: 817-514-MBS1 (6271) or 888-514-MBS1 (6271)
Fax: 817-514-MBS8 (6278) or 888-920-1201

All the information below must be received prior to a study being scheduled. Referrals can be emailed, via secure email to Katie@Diagnostex.us, Ashlea@Diagnostex.us or info@diagnostex.us, or faxed to one of the fax numbers above. Once all required information is received, the patient will be placed on our approved pending list to be scheduled. If you have any questions, please feel free to call us.

1. **Order** from the referring provider, if not signing the bottom of the consult request, must state one of the following to be a valid order for Diagnostex. Modified Barium Swallow Study, MBSS, or MBS. We cannot accept barium swallow study.
2. **Face or Demographic sheet** that has patients personal information including but not limited to, address, phone, insurance carrier with policy ID, POA if applicable, etc. A copy of the patient's insurance card(s) should also be included.
3. **DiagnosTEX consult request** history form (most current see attached.) Please note we have two consult forms, one for facility's i.e. nursing home, rehab hospital, or hospitals etc., and one for Home Health patients. These forms can all be found on our website at www.dysphagiadiagnostex.com.
4. **History and physical (H&P)** from speech therapist, referring MD, etc. For Home Health we require current 485.
5. **DiagnosTEX authorization/consent form** signed by patient or POA. Verbal for patients is allowed, if correctly completed on form.
6. **Home Health Only** – Signed DiagnosTEX Home Health acknowledgement form, including initials that are required on the form. If this form is not received prior to scheduling the patient, we will get this at the time of MBSS prior to starting the study.
7. **Observation Consent Form** this is only to be completed when a family member, POA, etc. is planning on attending the MBSS on our mobile clinic. **PLEASE NOTE:** Due to COVID-19 protocols we are still not allowing visitors on the van unless necessary for cooperation from the patient.
8. **Facility Pay Form** is used when the patient has an insurance that DiagnosTEX is not contracted with, a patient has Part A Medicare only, etc. This form must be received prior to scheduling the patient to be seen and signed by the administrator for that facility.

Please note DiagnosTEX runs our mobile clinics, Monday – Thursday (Friday only as needed). Our routes are based on geographic areas and the amount of referrals we have in that geographic area. **We service the following counties: Dallas, Tarrant, Parker, Wise, Denton, Collin, and parts of Rockwall, Ellis, Johnson and Hood.** For more information on the territory we cover please visit our website at www.dysphagiadiagnostex.com or please contact us at 817-514-6271

Thank you!

DiagnosTEX Staff