

# Pediatric Physician Referral to DiagnosTEX for Dysphagia Consult with MBSS

\*Please fax this signed order, demographic sheet, and latest clinicals to (888) 920-1201\*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M or F

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Ordering Provider (Full Name with Credentials): \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Physician consult requested for dysphagia consultation to include all medically necessary assessment of swallowing function, including Modified Barium Swallow Study (MBSS) for oral and pharyngeal stages, as well as, esophagus and cervical spine assessment.

### Reason for Consult:

- Coughing
- Choking
- Respiratory Concerns
- Vomiting
- Poor PO Intake; Aversion
- Suspect Silent Aspiration
- Diet Upgrade
- Other: \_\_\_\_\_

### Medical Necessity:

- TBI
- Feeding Difficulties
- GERD; Vomiting
- Weight loss or poor weight gain
- History of Dysphagia
- Genetic Anomaly (specify) \_\_\_\_\_
- Consistent respiratory concerns
- Other \_\_\_\_\_

Currently receiving Speech/Feeding Therapy:  Yes  No

Other specialties involved in patient's care: \_\_\_\_\_

Other Important Information: \_\_\_\_\_

**ORDERING MD/DO/PA/NP** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NPI: \_\_\_\_\_

Incomplete referrals will not be processed until all paperwork required is received. Verbal orders can be taken but a written order must be provided for ALL patients. If you have any questions, please call 817-514-6271.

### **Please remember to include the following:**

- Demographic sheet
- Most recent medical history & clinical notes

**FAX NUMBER: 888-920-1201**

If we are unable to reach the family, we will let you know.

A copy of the completed report will be faxed to your office upon completion of the study.

Thank you for coordinating care of your patient with us!