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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 Hurrincaine 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: _____