Swallowing and Neurological Rehabilitation, LLC

www.tulsasnr.com | P: 918.928.4700 | F: 918.928.4701 | 2121 S. Columbia Ave., Suite 501 Tulsa, OK 74114

State-of-the-art assessments and evidence-based treatment programs for swallowing, voice, speech-language, and cognitive impairments.

Order Form

Referring Office: _____ Referring Office Phone #: (_____) _____ - _____

Referring Office Fax #: (_____) _____ - _____

Patient Name: _____ Patient DOB: _____ /_____ /_____

Patient Phone #: (_____) _____ - _____

Primary Insurance: _____ Policy #: _____

Secondary Insurance: _____ Policy #: _____

Primary diagnosis: _____ Is patient in any home health services? YES NO

(Please include copies of insurance card, face sheet, last office visit note, and any other pertinent records or test results.)

Comments/ Reason for Referral:

_____ **SWALLOWING/ VOICE ENDOSCOPY:** Include order for instrumental swallowing and/or voice assessment (fiberoptic endoscopic evaluation of swallowing/FEES and/or videostroboscopy) as indicated clinically per evaluating SLP.

By signing below, I authorize the speech-language pathologists at Swallowing and Neurological Rehabilitation to evaluate and treat this patient as indicated.

Physician (*printed*): _____

Physician (*signature*): _____ Date: _____ /_____ /_____

Please submit all documentation via fax at (918) 928 - 4701 or via email at therapy@tulsasnr.com.
This form can be printed online at tulsasnr.com.