



WEST TEXAS THERAPY

SUITE 120, LEGENDS PARK MEDICAL OFFICE BUILDING

5615 Deauville Blvd • Midland, TX 79706 • Phone: 432.221.4915 • Fax: 432.221.4917

Speech-Language Pathology

Name: _____ Date: _____

Diagnosis: _____

Frequency & Duration: _____

Next Dr Appt: _____

EVALUATIONS &/OR TREATMENTS:

- ☐ Speech/Language/Cognitive/Voice Evaluate and Treat
- ☐ Dysphagia Evaluate and Treat
- ☐ NMES – Vital Stim Therapy
- ☐ Modified Barium Swallow Study
- ☐ AAC device Evaluate and Treat
- ☐ Standard Cognitive Performance Testing
- ☐ Aphasia Evaluation
- ☐ FEES – Flexible Endoscopic Evaluation of Swallow;

SLP may administer topical anesthetic/nasal decongestant as needed.

- ☐ Other _____

Goals: _____

Prognosis: _____

Physician's signature below indicates this document serves as an Approved plan of Care and a Letter of Medical Necessity.

Signature: _____ Physician Name: _____

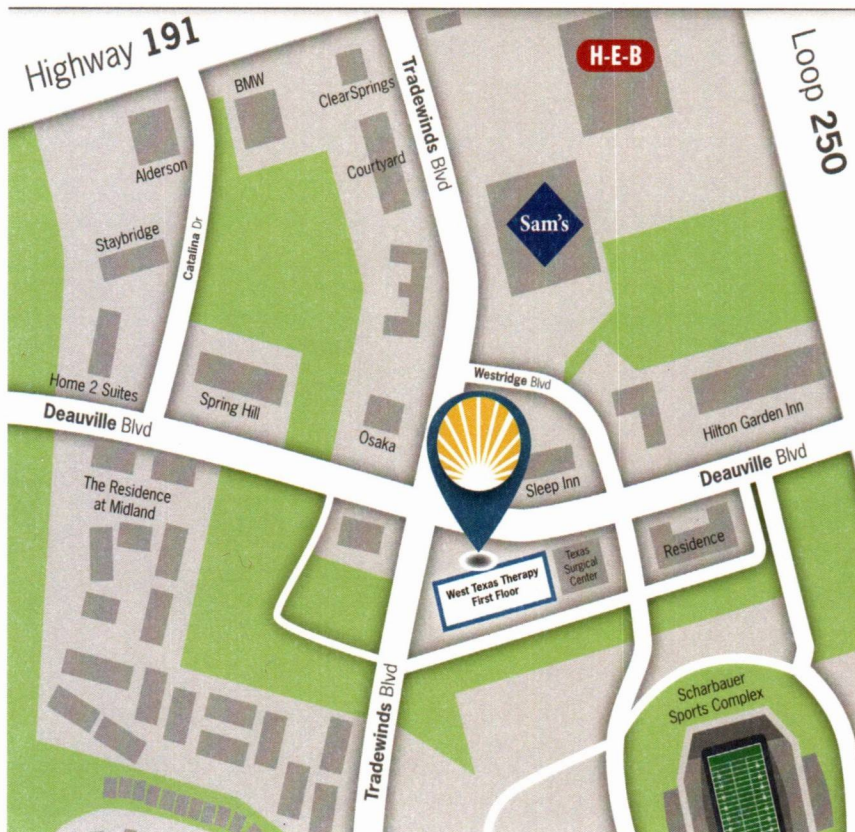


LIGHTING THE WAY
FOR HEALTH

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Registration: Please arrive 5-10 minutes prior to your **first** scheduled appointment time for paperwork. Be sure to bring your insurance card(s), this referral/prescription, and a driver's license, or some form of identification.