

Speech Therapy Mobile Outpatient Referral/Prescription



Specializing in:

Tel: (205) 440-2294 | Fax: (205) 850-5571

Biofeedback treatment for dysphagia and Parkinson's voice therapy

In-Home visits

Vital Stim – Aspire2 – SPEAK OUT

Covering Birmingham and all surrounding areas

Patient Name: _____

Phone #: _____ Contact name and phone #: _____

Address: _____

DOB: _____ Sex: _____

Diagnosis(es): _____

Supporting Documentation Sent to Provider

Primary Insurance and ID #: _____

Secondary Insurance and ID #: _____

Service(s) Requested (check all that apply):

- Evaluation and Treatment of Speech/Language/Voice
- Evaluation and Treatment of Cognition
- Evaluation and Treatment of Dysphagia (Swallowing)
- Other (please specify): _____

Reason for referral/additional information/special requests:

I hereby certify the medical necessity of the services listed above.

Physician Name: _____

Physician Signature: _____

Physician Phone #: _____ Physician Fax #: _____

Physician NPI: _____

FAX ALL THERAPY REFERRALS/PRESCRIPTIONS TO: 205-850-5571

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