



# PORT HURON

## Speech Pathology Prescription

1221 Pine Grove Avenue, Port Huron, MI 48060 Ph: (810) 989-3178 Fax: (810) 985-2652

Patient Identification

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

- SPEECH-LANGUAGE EVALUATION AND TREATMENT
- CLINICAL VOICE EVALUATION AND TREATMENT
- CLINICAL SWALLOW EVALUATION AND TREATMENT
- MODIFIED BARIUM SWALLOW STUDY (MBSS)
- LARYNGEAL VIDEOSTROBOSCOPY (May have topical benzocaine application as needed)

### DIAGNOSIS (ICD-10)

- R13.10      Dysphagia unspecified
- I69.320      Aphasia following cerebral infarction
- R47.1      Dysarthria
- R41.841      Cognitive communication deficit
- R49.0      Dysphonia; Hoarseness
- R48.2      Apraxia of speech
- F80.0      Phonological disorder
- F80.1      Expressive Language Disorder
- F80.2      Mixed Receptive-Expressive Language Disorder
- Other      \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

