



SPEECH & SWALLOWING

SPECIALISTS of FLORIDA, LLC

Isabel Ramati, M.S. CCC-SLP (954) 261-3181 swallowspecialistsfl@gmail.com

Patient Name: _____ DOB: _____

Patient Phone: _____

Speech Pathology Evaluation/Treatment Form

- Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- Clinical Swallow Evaluation

Primary Diagnosis: _____

Secondary Diagnosis: _____

Special Instructions: _____

Frequency/Duration: _____

Physician's Signature: _____

Physician's Name: _____

Physician's Phone: _____

Date: _____