



SPEECH & SWALLOWING SPECIALISTS of FLORIDA, LLC

Isabel Ramati, M.S. CCC-SLP

PH (954) 261-3181 FAX (888) 828-2757

swallowspecialistsfl@gmail.com | www.swallowspecialistsfl.com

Patient Name: _____ DOB: _____

Patient Phone: _____

Speech Pathology Evaluation/Treatment Form

Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

Speech Therapy Evaluation and Treatment

Primary Diagnosis: _____

Secondary Diagnosis: _____

Special Instructions: _____

Frequency/Duration: _____

Physician's Signature: _____

Physician's Name: _____

Physician's Phone: _____

Date: _____

Services can be provided at our offices in Boca Raton, Palm Beach Gardens, or in the patient's home