



Wendy D. LeBorgne, Ph.D., CCC-SLP  
Stephen Gorman, Ph.D., CCC-SLP  
Erin N. Donahue, B.M., M.A., CCC-SLP

**ORDER TO EVALUATE & TREAT**

2123 Auburn Ave, Suite 208  
Cincinnati, OH 45219  
Phone: (513) 632-5805/Fax: (513) 632-5804  
www.ProVoiceCenter.com

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

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

**REASON FOR REFERRAL:**

- |  |  |
|--|--|
| <input type="checkbox"/> Voice Disturbance   | <input type="checkbox"/> Dysphagia             |
| <input type="checkbox"/> Hoarseness          | <input type="checkbox"/> Cough/Throat Clearing |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Other _____           |

**EVALUATION:**

- VOICE (Videostroboscopy/Acoustic Analysis/Aerodynamic Analysis)
- SWALLOW (Fiberoptic Endoscopic Evaluation of the Swallow)
- UPPER AIRWAY (Videostroboscopy/Fiberoptic Evaluation, Vocal Cord Dysfunction, Chronic Cough, Globus)

**TREATMENT (Therapy):**

- VOICE
- SWALLOWING
- UPPER AIRWAY

Referring Physician \_\_\_\_\_

Completed evaluation report and recommendations will be sent to referring physician.