

# Idaho Face & Voice

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Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Patient Phone(s) \_\_\_\_\_  
Diagnosis \_\_\_\_\_ ICD-10 Code \_\_\_\_\_

## Services (Specify)

- Voice Therapy
- Breathing Retraining
- Cough Suppression Therapy
- Esophageal Dysphagia Management
- Facial Neuromuscular Retraining (fNMR)
- Globus Pharyngeus Behavioral Management
- Irritable Larynx Management, Chronic Throat Clear, Reflux
- Concussion Therapy
- Other SLP Therapy \_\_\_\_\_

Treatment Specifics \_\_\_\_\_  
Precautions \_\_\_\_\_

- Evaluate and Treat, as indicated, or
- Frequency & Duration of Treatment \_\_\_\_\_

Referring Provider (print/stamp) \_\_\_\_\_ Phone \_\_\_\_\_  
Referring Provider Signature \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

*\*Please include Patient Demographics and recent office visit notes  
Fax 208-908-0501  
Thank you for your referral!*