

PHYSICIAN REFERRALS for UI Health

Phone: 312.996.6583 Fax: 312.996.4901

I would like the patient to see: (please check all that apply)

H. Steven Sims, MD, Laryngologist_____ (for strob exam, possible surgical management)

Jan Potter Reed, MS, CCC-SLP, Voice Therapist_____ (for SLP voice evaluation, voice exercises or voice therapy)

PATIENT NAME: _____

PATIENT'S DOB: _____ PHONE: _____

PHYSICIAN DIAGNOSIS/QUESTION:

_____RELEVANT ICD-10: _____

PHYSICIAN PHONE: _____ FAX: _____

Please have patient obtain insurance approval for patient visit AND if the patient complains of *hoarseness*:

1. Videostroboscopy (CPT 31579)
2. Comprehensive voice evaluation (CPT 92524)
3. Voice restoration therapy (CPT 92507)

If the patient complains of *dysphagia* or *trouble swallowing*, they may need to be seen at the University of Illinois:

1. Videostroboscopy (CPT 31579)
2. Modified Barium Swallow (CPT 92611)
3. Function Endoscopic Evaluation of Swallowing (FEES) (CPT 92616)

Please FAX this form and a copy of your most recent note as well as any other pertinent information from your office visits to 312.255.8904 and please advise your patient of the need to have procedures approved prior to the appointment.