



**VITAL THERAPIES**  
SPEECH PATHOLOGY

Vital Therapies  
Vanessa Alcala, M.S. CCC-SLP  
4125 Gunn Hwy Ste B1  
Tampa, FL 33618  
Phone: (813) 778-5682  
Fax: (813) 761-0950

Speech Therapy Referral  
[www.vitaltherapiesfl.com](http://www.vitaltherapiesfl.com)

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_  
Date of Onset/Injury: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_  
Special Instructions/Precautions: \_\_\_\_\_

---

Choose the evaluation/treatment that best fits your patient's needs.

- |  |  |
|--|--|
| <input type="checkbox"/> Evaluation of Speech Sound Production;<br>with evaluation of language comprehension<br>and expression (92523) | <input type="checkbox"/> Voice Evaluation with Laryngeal<br>Function Studies (92524 and 92520) |
| <input type="checkbox"/> Clinical Swallow Evaluation (92610)   | <input type="checkbox"/> Swallowing Therapy (92526)  |
| <input type="checkbox"/> Assessment of Aphasia (96105)   | <input type="checkbox"/> Evaluation of Speech Fluency (92521)                                  |
| <input type="checkbox"/> Speech Therapy (92507)  |  |

Physician Findings: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
Physician Name (Print): \_\_\_\_\_  
Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**When signed by a physician, this form acts as a prescription for therapy services. Please fax this form along with any relevant medical information to (813) 761-0950.**

CONFIDENTIALITY NOTICE

The information contained in this facsimile transmission contains confidential information belonging to the sender that is legally privileged, and not intended for public use. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the one acting in reliance on the contents of the tele-copied information is strictly prohibited. If you have received this document in error, please call the sender at the below number immediately.