



Information Required for Scheduling

All of the following must be completed prior to the study and sent to
Wyoming Dysphagia Diagnostics:

Fax: 1-307-316-0366 or Email: info@wydysphagiadiagnostics.com

1. Copy of signed **Physician's Order** for:

“Dysphagia consultation including Fiberoptic Endoscopic
Evaluation of Swallowing (FEES) with 2% lidocaine gel as
needed”

2. Copy of the **Face Sheet** from the patient's medical record, with
medication and allergy list

3. Completed copy of the **Covid-19 Screening Form**

4. Completed **Patient History Form**

Please also obtain informed consent for FEES (including verbal consent, consistent with your facility guidelines) from the resident/patient prior to our arrival.

Ashley Sanderson, MS CCC-SLP

Owner | Endoscopist

Office: (307) 215 – 9626

Fax: 1-307-316-0366

info@wydysphagiadiagnostics.com

www.wydysphagiadiagnostics.com