

# Physician's Order

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Attention Dr. \_\_\_\_\_

Your patient, \_\_\_\_\_, is exhibiting the following:

Coughing/Choking \_\_\_\_\_

Weight loss \_\_\_\_\_

Feeling food/pills getting stuck in throat \_\_\_\_\_

Change in p.o. function \_\_\_\_\_

Signs/Symptoms of silent aspiration \_\_\_\_\_

Other (description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

May we order a Radiologic Dysphagia Evaluation (videoflouroscopy of all stages of swallow function) for further assessment?

Proceed with order (acceptance) \_\_\_\_\_

Do not proceed with order (denial) \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_