



**Mobile Dysphagia Consultants**  
**Your Mobile Partner in**  
**Swallowing Disorders**

800.508.MBSS (6277)  
P 978.750.0300  
F 978.279.1066  
www.massteximaging.com  
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**To Schedule a Dysphagia Consultation Please FAX the Order Form(s) to 978.279.1066**  
(All forms can be downloaded at [www.massteximaging.com](http://www.massteximaging.com))

**Skilled Nursing Facilities and Hospital Settings**

1. **A COMPLETED ORDER FORM to include:**
  - ✓ **Physician/NP/PA Orders:** You may use the MassTex Imaging ORDER FORM by having the ordering MD, NP or PA sign section 5b (Please make sure their name is legibly printed in section 5a per Medicare Guidelines) or the MD/NP/PA can submit their own order form.
  - ✓ **Verbal Consent:** The patient's or the invoked Health Care Proxy's consent to the consultation/procedure as well as legibly printed name, title and signature of party who obtained verbal consent.
  - ✓ **Medical History/Clinical Information:** Please fill sections 6 through 9 completely for the Physician to review prior to seeing your patient.
  - ✓ **Insurance Information:** For **Managed Care Patients**, MassTex Imaging will contact you and assist with the authorization process.
  - ✓ **Face Sheet/Demographic Data/Emergency Contact Sheet** from the patient's medical record or chart.
  - ✓ **Scheduling Restrictions:** Please indicate any scheduling restrictions in section 10 "Scheduling Restrictions" and we will do our best to accommodate the patient's needs. Please note that scheduling restrictions may delay the scheduling of your patient.
2. **FACILITIES WITH ELECTRONIC MEDICAL CHART please fax the following:**
  - ✓ **History and Physical (H&P):** Copy of the most recent and complete H&P. If the patient is a long-term patient that has not had an H&P recently, please send a recent progress note as a second option.
  - ✓ **Medications Along with Allergies:** List of current medications and any known allergies.
3. **UPON MTI RECEIPT of FAXED ORDER FORM(S) and necessary documentation:**
  - ✓ **Order Form(s) Confirmation:** The referring clinician or scheduling contact will receive a same day confirmation call or text confirming receipt of order form(s) as well any missing documentation.
  - ✓ **Appointment scheduling:** The day before the scheduled appointment the **scheduling contact** will receive a phone call confirming the **"two hour" time window** for the Dysphagia Consultation. **Please note**, if a cancellation occurs on the day your patient is being seen an earlier arrival time may occur prior to the "two hour" time window. You will be notified if the time window changes.
4. **CANCELLATION POLICY:**
  - ✓ **Please notify MassTex Imaging immediately** if the Dysphagia Consultation needs to be cancelled. Failure to notify us may result in a travel/cancellation fee to your facility should we arrive and the patient is not on the premises.

# Mobile Dysphagia Consultation Order Form

(For Skilled Nursing Facilities & Hospital Settings)



Once Completed – Fax to MassTex Imaging at 978.279.1066 with FACE SHEET, MED LIST and H&P

## (1) FACILITY CONTACT INFORMATION

Facility Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Scheduling Contact \_\_\_\_\_ Department \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Treating SLP/OT \_\_\_\_\_ Contact Number \_\_\_\_\_ Text \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

## (2) PATIENT DEMOGRAPHICS

Name \_\_\_\_\_  
DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
SS # \_\_\_\_\_  
Room/Unit # \_\_\_\_\_

## (3) VERBAL CONSENT

### Verbal Consent Obtained From

\_\_\_ Patient  
\_\_\_ HCP Name \_\_\_\_\_

### Verbal Consent Received By

Staff Printed Name \_\_\_\_\_  
Staff Signature \_\_\_\_\_

## (4) INSURANCE INFO

Skilled Stay \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_ Medicare A \_\_\_\_\_ Medicare B \_\_\_\_\_  
Medicare # \_\_\_\_\_  
Other Policy \_\_\_\_\_  
\_\_\_ Medicaid – Indicate State \_\_\_\_\_  
Medicaid # \_\_\_\_\_

(5a) **ORDERING PHYSICIAN** \*NAME REQUIRED\* First \_\_\_\_\_ Last \_\_\_\_\_  
(PRINT LEGIBLY)

## (5b) PHYSICIAN ORDER Dysphagia Consultation Including MBSS and Esophageal Assessment to Stomach

Ordering MD/NP/PA Signature \_\_\_\_\_ Date \_\_\_\_\_ NPI \_\_\_\_\_  
Electronic Orders & Signed Orders on Facility Forms are also Accepted

Printed Name of Signing Party \*If different from section 5a\* First \_\_\_\_\_ Last \_\_\_\_\_

(5c) **Reason(s) Mobile/Onsite Visit is Required** \_\_\_ Emergent request due to elevated aspiration risk \_\_\_ Transport negatively impacts underlying physical condition  
\_\_\_ Fatigues easily, compromising test participation \_\_\_ Transport exacerbates behavioral problems and compromises test participation

## (6) MEDICAL HISTORY

(Check all that apply)

### Diagnosis

\_\_\_ CVA \_\_\_\_\_ CHF  
\_\_\_ COPD \_\_\_\_\_ GERD  
\_\_\_ TBI/CHI \_\_\_\_\_ Parkinson's  
\_\_\_ Dementia \_\_\_\_\_ Pneumonia  
\_\_\_ Intellectual Impairment \_\_\_\_\_ Head/neck cancer

\_\_\_ Other \_\_\_\_\_

\_\_\_ Yes \_\_\_ No: Covid-19 Past 30 Days

\_\_\_ Yes \_\_\_ No: DNR

\_\_\_ Yes \_\_\_ No: Incontinent

### Respiratory Status

\_\_\_ WFL  
\_\_\_ O-2  
\_\_\_ Trach Type \_\_\_\_\_ Size \_\_\_\_\_  
\_\_\_ Vent  
\_\_\_ Speaking valve

**CONTACT PRECAUTIONS** \_\_\_ Yes \_\_\_ No

If yes, reason \_\_\_\_\_

**Food Allergies** \_\_\_ Yes \_\_\_ No

If yes, list \_\_\_\_\_

## (7) MEDICAL NECESSITY FOR CONSULT

(Check all that apply)

\_\_\_ Breathing difficulty w/ PO intake \_\_\_ Pain on swallowing  
\_\_\_ Coughing \_\_\_ Pneumonia  
\_\_\_ Choking \_\_\_ Poor PO intake  
\_\_\_ Dehydration \_\_\_ Respiratory distress  
\_\_\_ Feeding Difficulties \_\_\_ Shortness of breath  
\_\_\_ Food/pills getting stuck \_\_\_ Suspect silent aspiration  
\_\_\_ Gagging \_\_\_ Tearing with oral intake  
\_\_\_ Esophageal reflux/GERD \_\_\_ Vomiting  
\_\_\_ Globus sensation \_\_\_ Weight loss  
\_\_\_ Heartburn \_\_\_ Wet vocal quality  
\_\_\_ Malnutrition \_\_\_ Wheezing with PO intake  
\_\_\_ Moist cough \_\_\_ Other \_\_\_\_\_

### Duration of Symptoms

\_\_\_ Recent Onset

\_\_\_ Weeks

\_\_\_ Months

\_\_\_ Years

### Other Goals

\_\_\_ Determine least restrictive diet

\_\_\_ Determine safest diet

\_\_\_ Pre-treatment evaluation

\_\_\_ Determine appropriate swallow maneuvers/strategies

### Frequency of Symptoms

\_\_\_ All PO

\_\_\_ Liquids

\_\_\_ Solids

\_\_\_ Pills

\_\_\_ Saliva

\_\_\_ Other \_\_\_\_\_

### Status Change Due To

\_\_\_ Weight loss

\_\_\_ Malnutrition

\_\_\_ Pneumonia

\_\_\_ Reduced PO

\_\_\_ Increased awareness

\_\_\_ Decreased awareness

\_\_\_ Improved swallowing

\_\_\_ Decline in swallowing

## (8) SWALLOWING TREATMENT

\_\_\_ Not on caseload for dysphagia  
\_\_\_ New Evaluation  
\_\_\_ E-Stim/NMES  
\_\_\_ Thermal Stim  
\_\_\_ O-M ex.  
\_\_\_ Pharyngeal ex.

Candidate for Strategies \_\_\_ Yes \_\_\_ No

## (9) CURRENT DIET

\_\_\_ NPO  
\_\_\_ Gtube \_\_\_ Jtube \_\_\_ NGT

Solids \_\_\_\_\_

Liquids \_\_\_\_\_

Trials \_\_\_\_\_

Current Strategies: \_\_\_\_\_

## (10) SCHEDULING RESTRICTIONS

# Patient Information from MassTex Imaging, LLC

## Regarding Consent for a Dysphagia Consultation including Modified Barium Swallow & Esophageal Assessment to Stomach



Your physician has ordered a Dysphagia Consultation which may include a Modified Barium Swallow & Esophageal Assessment to the Stomach via videofluoroscopy. This order has been sent to MassTex Imaging, LLC, a Mobile Medical Practice. *A Dysphagia Consultation including MBSS and Esophageal Assessment to the Stomach will only be carried out with verbal or written consent provided by you or your health care proxy (if invoked).*

**What is a Dysphagia Consultation, Modified Barium Swallow and Esophageal Assessment to the Stomach?** A Modified Barium Swallow (MBSS) and Esophageal Assessment to the Stomach are video x-rays that allow us to examine your oral, pharyngeal and esophageal swallow mechanisms. Video x-rays (Videofluoroscopy) allow us to watch you swallow as it happens by watching liquid and food mixed with barium travel from your mouth into the stomach. These assessments will provide information about the cause of your swallowing difficulty and whether food or liquids are going into your airway. As part of the consultation, this information is then used by our clinical team to recommend how best to improve your safety and comfort while swallowing. Additionally, this information is also used to help plan your swallowing therapy plan of care.

**What will happen?** Our mobile medical clinic will come to your location. Our driver technician will bring you onto our mobile clinic and you will be seated beside the x-ray machine. You will not be asked to lie down. Family members and your medical team are welcome to attend with your permission.

The MassTex Imaging Speech Pathologist will give you foods and liquids to swallow. These food and liquids will be mixed with barium. Barium is used because it is easily seen under x-ray. Barium is chalky but not unpleasant and you will only be given small amounts. You may be asked or helped to change your position on the seat. Our physician will record each swallow digitally. Our Physician will exam you as well as review your medical record to determine health risks that may increase your risk of developing an aspiration pneumonia, review the medications you are currently taking to determine if they may affect your swallow mechanism, recommended further consultations as needed and provide diet, strategies and therapy recommendations to help you and your medical team manage any swallowing problems identified. Once the consultation is concluded you will be shown back to your room. The Physician and Speech Pathologist will then type a detailed report. These reports along with a DVD with audio of your videofluoroscopy x-ray exams will be sent to your medical team and referring physician.

**Are there any risks or side-effects?** This is a painless procedure and you may eat and drink normally before and after your appointment. Barium is harmless. It can cause a little constipation but this can be avoided by drinking plenty of fluid for the rest of the day after your consultation. Your stools may be paler than usual for the next few days. This is nothing to be alarmed about. It is just the barium passing through your system. All x-ray procedures involve some exposure to radiation and, as such, pose a degree of risk. Everyone is exposed to natural background radiation from the environment throughout their lives. One in 3 people will develop cancer at some point in their lives due to many various causes including environmental radiation. Radiation from a medical procedure involving x-rays can add very slightly to this risk. The length and level of exposure to radiation from x-rays in medical procedures is very strictly controlled and is kept to the minimum amount possible. The added risk of cancer due to this radiation is extremely small. Your doctor has determined that the risk to your health of not having this procedure is considerably greater than the risk from the radiation used.

**How is my medical information disclosed?** Your verbal or written consent gives MassTex Imaging, LLC authorization to use and disclose your medical information to bill and collect payment for services and to release the dysphagia consultation and radiological exams to you referring medical team.

Swallow studies may be used for research, publication and/or educational purposes. No identifying information will be disclosed for research/education or publication without written consent from you, maintaining strict confidentiality and HIPAA guidelines. *If you have any inquiries or require further information about your upcoming Dysphagia Consultation please contact us at 800.508.MBSS (6277) or 978.750.0300 and we would be happy to answer any questions.*



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## Day of Dysphagia Consultation

**On the DAY of the appointment**, the MassTex Imaging Medical team will call the listed contact 20 minutes prior to their arrival, allowing adequate time to prepare the patient for the appointment. Because cancellations do occur, we will notify you if we are going to be earlier than the given window of time. Please make sure that the patient as well as any family members or therapists attending the study be available earlier should this occur.

### Checklist Prior to Medical Team Arrival

- Patient is up and ready in a wheelchair with foot pedals or other chair to be transported onto the medical van. Please have the patient waiting in the lobby if possible.
- Medical record to be ready to be brought out to the Medical Van.
- Current height, weight and vitals from the day of visit.
- Portable O2 set up prior to arrival (if appropriate).
- If vent dependent, respiratory therapist or nursing staff must accompany patient and remain on the Medical Van during the consultation. Please make sure these staff members are ready and do not delay the consultation.
- Provide any feeding equipment such as spoons, cups, etc that the patient may be using during eating/drinking.
- Dentures in place if patient uses them to eat/drink.
- Patient is dressed appropriately for the weather, e.g. coat for cold weather.

**NOTE:** MassTex Imaging needs to be notified **immediately** if the Dysphagia Consultation needs to be cancelled. Failure to notify us may result in a travel/cancellation fee to your facility should we arrive and the patient is not on the premises.

We value the opportunity to assist you with the care of your patient. We look forward to providing your patients with a comprehensive dysphagia consultation specializing in **MBSS**, considered **the GOLD Standard** in swallowing studies along with a Physician Consultation and an Esophageal Assessment to the Stomach. If you have questions please feel free to contact us. We are happy to help.

Thank you,  
The MassTex Imaging Team