



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

800.508.MBSS (6277)  
P 978.750.0300  
F 978.279.1066  
www.massteximaging.com  
mbssonline@massteximaging.com

**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.