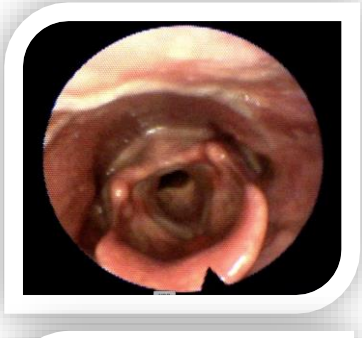
MBS Imaging, LLC

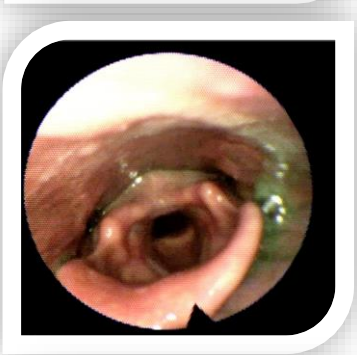
Mobile Dysphagia Diagnostic Solutions

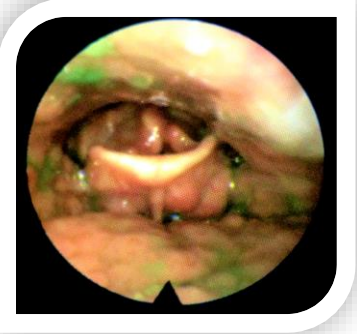
Now Providing FEES!

About (FEES)

- The FEES study, Fiberoptic Endoscopic Evaluation of the Swallow, is an instrumental method to assess a patient's swallow function using a flexible endoscope inserted through the nose. Our skilled and experienced endoscopists can visualize the tissue and anatomy of the larynx as the patient eats and drinks during this 10 minute procedure performed at bedside. MBS Imaging is the only mobile provider of a complete dysphagia assessment package by offering both FEES and Modified Barium Swallow Study (MBSS/VFSS) at the fingertips of care teams.







Suitable patient population

- Some patient populations that may be suitable for endoscopic swallow study:
  1. **Bed bound patients**
  2. **Follow up to an MBSS/VFSS**
  3. **Voice disturbance**
  4. **Severe swallow or unable to manage secretions**

Physician's Order

- Dr's order must read "**FEES for assessment of dysphagia**". Or, "**Fiberoptic Endoscopic Evaluation of the Swallow**"

Easily Begin FEES Service with MBS Imaging

- MBS Imaging provides the same superb customer service and low rates we are known for by facilities throughout Chicagoland.
- Call us today for an in-service or more details for your administrator, nursing, and rehab staff.

877-495-7152

Fax: 877-495-7208 Email: fees@mbsimaging.com

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FEES: DYSPHAGIA CONSULT REQUEST FORM

To request a FEES Study, submit this 'Consult' Form form in addition to: ☐ **Face sheet from chart** ☐ **MD order including "FEES"**

CONTACT INFORMATION

Facility: _____ **Facility or Rehab Phone #:** _____

Contact (SLP) Name & Cell Phone #: _____

Ordering Physician's Name: _____ Signed MD order for **"FEES"** in the chart: ☐ YES ☐ NO

PATIENT INFORMATION

Name: _____ **ROOM #:** _____ **DOB:** _____ **AGE:** _____

Medical Diagnoses (Course of present illness)**:** _____

Previous Imaging Studies (Results/Date)**:**_____

Cognition: ☐ Functional ☐ Impaired **Following Directions:** ☐ Functional ☐ Impaired **Carry over w/ Strategies:** ☐ Yes ☐ No

Pulmonary Status: ☐ Functional ☐ Trach ☐ Vent ☐ Speaking Valve **Isolation Precautions:** ☐ Contact ☐ Droplet FOR:_____

REASON FOR CONSULT: (Check ALL that apply)

☐ Suspect Aspiration ☐ Cough ☐ Wet / Gurgly Voice ☐ Choking ☐ Questionable Diet Tolerance

☐ Diet Upgrade ☐ Recurrent Pneumonia ☐ Distress during PO intake ☐ Globus at: _____

☐ Pleasure feed ☐ Weight Loss ☐ Change in PO intake ☐ Other _____

FEEDING INFORMATION:

Current Diet: ☐ NPO ☐ PARTIAL PO ☐ FULL PO **Feeding Status:** ☐ Self Feeds ☐ Supervision w/ Feeds ☐ Total Assist w/ Feeds

Solids: ☐ Regular ☐ Mech Soft(Chopped Meat) ☐ Mech Soft(Ground Meat) ☐ Pureed **Liquids:** ☐ Thin ☐ Nectar ☐ Honey

Therapeutic Feeds: _____ **Tolerance of Trials**:_____

Compensatory Strategies Used:_____**Compliance**:_____

Food Allergies: _____

Additional Information: _____

_____

AUTHORIZATION

I have discussed the FEES procedure with the patient and/or their Power of Attorney, explaining the risks and benefits of the examination. By signing below, I also confirm that the administrator and/or their designated representative has agreed to authorize MBS Imaging to provide this service.

SLP Signature: _____ Date: _____