



University of Utah
Voice Disorders Center
Referral Form
Office: 801-587-3549
Fax: 801-587-3569

Patient Information:

Name: _____

Phone Number: (H) _____ (W) _____

DOB: _____

Insurance: _____

Diagnosis/Diagnoses: _____

Referring Physician: _____

Physician's Order:

1. Referral to multi-disciplinary clinic: Evaluations and treatment(s) with laryngologist and speech-language pathologist.
2. Referral to Speech-Language Pathologist only: SLP evaluation, laryngoscopy/laryngostroboscopy, and speech/voice therapy as appropriate.
3. Other _____

Physician's Signature: _____

Please fax referral along with physician chart notes to Attn: Voice Disorders Center 801-587-3569
Please call 801-587-3549 with questions