



Dear Rehab Department,

Welcome to SDX! We are pleased to be your FEES services provider and look forward to establishing a long-lasting relationship with you and your staff.

In the pages to follow is information specific to SDX FEES.

- There is a letter of explanation preceding the Patient Consent Form.
- The Test Tray Request may be used as you like to communicate items needed for the FEES with your facility's kitchen.
- The Treatment Consent Form is for your administrator to sign before SDX completes a FEES on a Medicaid/T19 patient. (This form should also be shared with your Business Office.)

I encourage you to contact me with any questions or if you are interested in scheduling a free FEES and dysphagia inservice for your staff. Thank you for your time.

Respectfully,

Katrina L. Woodward, MS CCC-SLP
Director of Operations

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