



Dear _____,

Enclosed you will find information about your Videostroboscopy Exam. Please review the material and complete the forms. For questions regarding your appointment with Sue Owens please call (314)523-5390.

Speech Pathologist:

Sue Owens, M.A., C.C.C.-S.L.P.

Date: _____

Time: _____

Location: _____

Please arrive 5-10 minutes prior to your appointment and have your forms completed. Thank you.

Please read all materials in the packet and fill out the questionnaires **PRIOR** to your appointment. Possible procedure codes that will be used during this exam are CPT 31579, 92520, and/or 92524. Another code that may be used during your visit is CPT 92507.

If you need to cancel or change your appointment, please call (314)523-5390. A \$100 fee will be charged to all no show appointments or appointments not cancelled within 48 hours of your test.