



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.