

Melbourne Swallow  
Analysis Centre (MSAC)



**Referral Form**

Patient Name

.....

Date of Birth

.....

Contact Number

.....

We provide comprehensive swallowing evaluation with the following diagnostic services: (please tick)

- Endoscopic Evaluation of Swallowing (FEES)
- Videofluoroscopic Swallowing Study (VFSS)
- LPR Testing - Oral Salivary Pepsin Kit (mailout)
- LPR Testing - 24 hour pH/impedance
- Transnasal Oesophagoscopy (TNO)
- High-Resolution Oesophageal Manometry
- High-Resolution Pharyngeal Manometry
- Consultation with Swallow assessment team:  
ENT Consultant and Speech Pathologist  
(includes endoscopic evaluation & FEES)
- Biofeedback Swallowing Therapy

Dr Paul Paddle &  
Dr Anthony Rotman  
ENT Specialist / Laryngologist

Ms Claire Stanley  
Speech Pathologist

Dr Chris Schneider  
Functional Gastroenterologist

Phone: 1300-952-808

[info@melbswallow.com.au](mailto:info@melbswallow.com.au)

Level 1, 449 Swan St  
Richmond VIC 3121  
AUSTRALIA

**Referral Details** (include reason for referral)

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**Relevant Medical History**

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**Current Medications** (may prefer to attach list)

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Priority for appointment:  Routine (minimum 2-4 week waiting list)  Urgent (< 2 weeks)

**Name and contact details of referring agent**

Name ..... Provider Number ..... Signature .....  
Practice name/address .....

**PLEASE RETURN THIS REFERRAL FORM TO THE CLINIC VIA EMAIL or MAIL**