



Requisition Form for Dysphagia (Swallowing) – TEST TRAY

TTMD-R Assessment /SLP Assessment of Residents, Inpatients, Outpatients

**use this form to request test trays and education kits for assessing swallowing of residents and patients.*

Requested By:	Date of Education or Assessment:
Contact Phone #:	Time of Education or Assessment:
Date Requested:	Pick up Time:
Instructions: 1. Choose from the 4 shaded options from page 1 and 2. 2. Print the requisition forms you need – page 1 or 2. 3. Do not print both pages, unless you are requesting options from both pages.	
<input type="checkbox"/> Test Tray for TTMD Tester ** Please provide requisition 1 day in advance of the date needed **	
Name of Resident: <ul style="list-style-type: none"> • ½ cup water • ½ cup mildly thick level 2 Liquid • ½ cup minced, cooked vegetables • ¾ cup pureed item (pudding, fruit or vegetables) • 1 piece of soft white bread, spread with margarine • 2 oz or ½ portion soft item (moist chicken breast without skin, hamburger patty) • 4 teaspoons, 1 knife, 1 fork, 1 extra cup, napkins 	Resident Room Number: <input type="checkbox"/> Other comments:
<input type="checkbox"/> SLP Assessment: (check one) <input type="checkbox"/> PCH - Resident <input type="checkbox"/> Acute- Inpatient <input type="checkbox"/> Outpatient	
** For PCH and Acute – Inpatient, please provide requisition 1 day in advance of the date needed** ** For Outpatient appts, please provide requisition 1 week in advance of the date needed **	
Name of Patient/Resident: <input type="checkbox"/> ½ cup water <input type="checkbox"/> ½ cup mildly thick level 2 Liquid <input type="checkbox"/> ½ cup moderately thick level 3 Liquid <input type="checkbox"/> ½ cup minced, cooked vegetables without skin <input type="checkbox"/> ½ cup pureed item (pudding, fruit or vegetables) <input type="checkbox"/> 1 piece of soft white bread, spread with margarine <input type="checkbox"/> ½ cup fruit cocktail (with solid and liquid combined) <input type="checkbox"/> 1 digestive cookie <input type="checkbox"/> 1 raw vegetable (eg. baby carrot, broccoli, cauliflower; no cucumbers or peppers) <input type="checkbox"/> 2 oz or ½ portion soft item (moist chicken breast without skin, hamburger patty) <input type="checkbox"/> 4 teaspoons, 1 knife, 1 fork, 1 extra cup, napkins, straw	Patient/Resident Room Number: <input type="checkbox"/> Other comments:

NFS Use only:
