

VIDEOFLUOROSCOPIC SWALLOW STUDY (VFSS) - Referral

A VFSS is a swallowing x-ray completed by a Speech Language Pathologist that assesses the **oral and pharyngeal** phases of swallowing function.

****An Imaging Requisition is required for this referral to be completed****

1. Please complete this **referral form** and fax to (613) 544 7461.
2. An **imaging requisition** is also required via fax or electronic order:
 - FAX (613) 544 7461: [KHSC - Imaging Requisition for VFSS](#) form **OR**
 - LUMEO order: FL Videofluoroscopic Swallowing Study – select location*

* **NOTE:** Based on patient's place of residence, VFSS referral can be sent to Belleville General Hospital or Brockville General Hospital using LUMEO (select location) or fax to the Imaging department at appropriate site.

NAME: _____

DOB: _____

MRN: _____

Reason for Referral:

Related Medical History:

Current Symptoms:

Current Diet:

Additional Information:

Hotel Dieu Hospital, Department of Speech Language Pathology
166 Brock St., Kingston, Ontario K7L 5G2
Tel: (613) 544-3400 Ext. 23195, Fax: (613) 544-7461

Revised 2026.03.12