

## **Sample Speech Language Pathologist Evaluation for Device Repairs**

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Dear Reviewer,

Please see the medical information below to justify the repair of (patient name)'s speech generating device.

<b>Date:</b>	
<b>Patient Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>Patient's Insurance ID#:</b>	
<b>Primary Diagnosis:</b>	

**Type of Communication Impairment:** (Pt name) is non verbal due to his/her (diag). S/he is unable to use sign language due to poor muscle control. S/he is not able to form words; only sounds occasionally that are not understandable (even to his family members).

**Physical Status:** (Pt name) is in a wheelchair; moreover, s/he has the speech generating device, (name of SGD), mounted to the wheelchair.

**Daily Communication Needs:** (Pt name) uses the (name of device) every day. It is used to interact with family and caretakers for daily activities. This device allows (Pt name) to communicate basic needs such as hunger and pain, and in case of emergency situations the device allows the patient to ask for assistance.

**Description of Need for Repair:** (Pt name) uses the (name of device) to communicate with the people that surround his/her environment and is in need of repair. The screen has become broken and without repairing it the patient no longer has a method to communicate.

It is in my professional opinion that this letter provides the medical necessity needed to authorize the repair of (Pt name)'s device. Please contact me if you have questions about this case.

Sincerely,  
(SLP Name), (Title)  
(Phone #)

Speech Language Pathologist Name:	
Speech Language Pathologist Signature:	
Speech Language Pathologist License #:	