# Addendum to AAC Evaluation Report

| Client:                                | Date of Birth:    |
|----------------------------------------|-------------------|
| Medical and Speech-Language Diagnoses: |                   |
| ICD Codes:                             | Date of Addendum: |

## BACKGROUND:

CLIENT was evaluated for a speech generating device on DATE. The DEVICE with NuEye eye tracking access method was determined to meet HIS/HER daily and medical communications needs, and was recommended for purchase at that time.

## **REQUEST TO CHANGE EQUIPMENT:**

I have been notified by the manufacturer of the NuEye eye tracking accessory that this device has been discontinued. It has been replaced with the Look eye tracking module as of February 21, 2019. The user functions and performance of the Look eye tracking module have been improved or are equivalent to the discontinued NuEye module. The Look module is slightly smaller and uses less power when operating and is also able to maintain tracking of the patient from a wider range of positions. The price and code (E2599) of the Look eye tracking module as the NuEye.

#### **RECOMMENDATION:**

In light of the minor hardware changes from the NuEye to the Look eye tracking module, I am changing my recommendation to the Look eye tracking module to be used with the DEVICE that was recommended for my client. I have determined that the Look eye tracking module will meet my client's current functional communication needs. The client's condition has not changed from my initial report; recommendations and treatment plan remain the same.

### PHYSICIAN INVOLVEMENT STATEMENT:

This addendum was forwarded to the treating physician, (PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER), on (DATE). The physician has completed a Certificate of Medical Necessity for the recommended equipment.

## STATEMENT OF INDEPENDENCE AND SPEECH-LANGUAGE PATHOLOGIST'S SIGNATURE:

The Speech-Language Pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any SGD.

(YOUR NAME), M.A., CCC-SLP Speech-Language Pathologist ASHA Certificate Number: (TYPE THE NUMBER HERE)

Speech-Language Pathologist's Signature

Date