



To schedule a procedure please complete this detailed referral form and return it to us. The patient will be contacted and an appointment scheduled after the referral has been received.

- Anorectal Manometry (includes Anorectal manometry CPT 91122, EMG CPT 51784, Rectal Sensation, Tone, & Compliance CPT 91120 & expulsion catheter)
Helicobacter Pylori (C-13) Breath Test CPT 83013
Hydrogen Breath Test for Bacterial Overgrowth CPT 91065
***It is recommended that a breath test for bacterial overgrowth be performed prior to fructose/lactose intolerance breath testing to reduce the likelihood of false positives.
Hydrogen Breath Test for Lactose Intolerance CPT 91065
Hydrogen Breath Test for Fructose Intolerance CPT 91065
When multiple hydrogen breath tests are ordered, they will be scheduled on separate days.
Esophageal Manometry CPT 91010
Esophageal Manometry w/Esophageal Function Test (EFT) CPT 91010 & 91037
pH probe, 24 hour ambulatory CPT 91037: ___off PPI ___on PPI
pH/Impedance, 24 hour ambulatory CPT 91038 ___off PPI ___on PPI

Indication(s):
Abdominal Pain
Asthma/reactive airway
Bloating
Constipation
Chest Pain (non-cardiac)
Cough
Diarrhea
Dyspepsia
Dysphagia
Failure to respond to treatment
Fecal Incontinence
GERD
Globus
Heartburn
Nausea/Vomiting
Proctalgia
Regurgitation
Shortness of Breath
Throat Burning
Throat Clearing
Other:
Co-Morbidities:
Anticoagulation Therapy
Asthma/reactive airway
Bleeding Disorder
Communicative Disease
CAD/CHF/Cardiac Disease
Diabetes
Immunosuppressed
Neurological Impairment
Transplant (organ)
Other:

PATIENT INFORMATION
LAST NAME: FIRST NAME: MIDDLE NAME:
PRIMARY PHONE: ALTERNATE PHONE: SEX: F M BIRTH DATE:
STREET ADDRESS:
CITY: STATE: ZIP:
MEDICAL RECORD # (IF KNOWN):

REFERRING PHYSICIAN INFORMATION
PHYSICIANS NAME:
PRACTICE NAME:
STREET ADDRESS: CITY, STATE, ZIP
PHONE: FAX: EMAIL ADDRESS:

Pediatric patients require admission to the hospital for a pH/impedance or pH test. Please request a bed assignment for the date of the procedure. If the referring is not a UNC physician, please call the Pediatric Admitting Coordinator Attending at 919-843-6501 or page 919-123-5437 to request a bed.

Please fill out this form completely and fax to 919-966-8764. All tests require a referral from a medical provider along with an indication for the diagnostic test. Thank you for your referral to UNC HealthCare. We look forward to serving your patients.