UNC HEALTH CARE

GI Motility Lab Referral

Fax 919-966-8764 Phone 919-966-5563

☐ Anorectal Manometry (includes anorectal manometry CPT 91122, EMG CPT 51784, Rectal Sensation, Tone, & Compliance CPT 91120 & expulsion catheter)

☐ Pelvic Floor Retraining/Biofeedback CPT 90911 (first, must have anorectal manometry at UNC-H)

☐ Helicobacter Pylori (C-13) Breath Test CPT 83013

☐ Hydrogen Breath Test for Bacterial Overgrowth CPT 91065

☐ Hydrogen Breath Test for Lactose Intolerance CPT 91065

When both hydrogen breath tests are ordered, they will be scheduled on separate days.

☐ Esophageal Manometry CPT 91010

☐ Esophageal Function Test (EFT) only CPT 91037

☐ Esophageal Manometry w/ Esophageal Function Test (EFT) CPT 91010 & 91037

****** Comprehensive Esophageal Testing *****

☐ pH probe, 24 hour ambulatory CPT 91034: ____off PPI ____on PPI

☐ Impedance/pH probe, 24 hour ambulatory CPT 91038: ____ off PPI ____on PPI

☐ Bravo pH Capsule CPT 91035 ____off PPI ____on PPI

*** Also - request EGD for Bravo capsule placement ***

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 Name: _____ UNC Hospital MR#: _____

If no medical record # please call 919-966-1234

DOB: _____ Contact Phone #: _____

Referring Provider: _____ UNC#: _____

Name of Facility (if a non-UNC provider): _____

Fax: _____ Phone: _____

All pediatric patients require admission to the hospital for a pH or Impedance/pH probe. Please call 843-0811 to request a reservation for a bed. If the referring is not a UNC physician, please have the hospital operator page the pediatric admitting physician on call at 919-966-4131, pager 216-8160, to coordinate a bed at UNC Hospitals during the time of the procedure.

Please fill out 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. An appointment will be scheduled and mailed to the patient after the referral is received.

Interoffice use only

Date Scheduled: _____ Time: _____