



To schedule a procedure please complete this detailed referral form and return it to us via fax at (919) 966-8764. 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 Small Bowel Bacterial Overgrowth and Methanogen Overgrowth CPT 91065
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 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. BREATH TEST STUDIES ARE COMPLETED AT 100 EASTOWNE GI OUTPATIENT CLINIC, CHAPEL HILL, IF QUESTIONS REGARDING STUDIES please call 984-974-0140.