



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.

<input type="checkbox"/> Anorectal Manometry (includes Anorectal manometry CPT 91122, EMG CPT 51784, Rectal Sensation, Tone, & Compliance CPT 91120 & expulsion catheter)	
<input type="checkbox"/> Helicobacter Pylori (C-13) Breath Test	CPT 83013
<input type="checkbox"/> Hydrogen Breath Test for Small Bowel Bacterial Overgrowth and Methanogen Overgrowth	CPT 91065
<input type="checkbox"/> Hydrogen Breath Test for Lactose Intolerance	CPT 91065
<input type="checkbox"/> Hydrogen Breath Test for Fructose Intolerance	CPT 91065

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

<input type="checkbox"/> Esophageal Manometry w/Esophageal Function Test (EFT)	CPT 91010 & 91037
<input type="checkbox"/> pH probe, 24 hour ambulatory	CPT 91037: _____ off PPI - (can not be done on PPI)
<input type="checkbox"/> pH/Impedance, 24 hour ambulatory	CPT 91038: _____ off PPI _____ on PPI

If patient has pacemaker, we can only perform a regular ph probe, 24 hour study. Impedance isn't an option

Indication(s):

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Fecal Incontinence
<input type="checkbox"/> Asthma/reactive airway	<input type="checkbox"/> GERD
<input type="checkbox"/> Bloating	<input type="checkbox"/> Globus
<input type="checkbox"/> Constipation	<input type="checkbox"/> Heartburn
<input type="checkbox"/> Chest Pain (non-cardiac)	<input type="checkbox"/> Nausea/Vomiting
<input type="checkbox"/> Cough	<input type="checkbox"/> Proctalgia
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Regurgitation
<input type="checkbox"/> Dyspepsia	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Throat Burning
<input type="checkbox"/> Failure to respond to treatment	<input type="checkbox"/> Throat Clearing
	<input type="checkbox"/> Other: _____

Co-Morbidities:

<input type="checkbox"/> Anticoagulation Therapy
<input type="checkbox"/> Asthma/reactive airway
<input type="checkbox"/> Bleeding Disorder
<input type="checkbox"/> Communicative Disease
<input type="checkbox"/> CAD/CHF/Cardiac Disease
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Immunosuppressed
<input type="checkbox"/> Neurological Impairment
<input type="checkbox"/> Transplant (organ _____)
<input type="checkbox"/> Other: _____

PATIENT INFORMATION			
LAST NAME:	FIRST NAME:		MIDDLE NAME:
PRIMARY PHONE:	ALTERNATE PHONE:	SEX: F <input type="checkbox"/> M <input type="checkbox"/>	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.**