



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 - (can not be done on PPI)
- ☐ 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:**

- ☐ 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 <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.**