



Esophageal Lab Request Form

INSTRUCTIONS TO REFERRING MD/OFFICE:

Please fill out this form in its entirety and fax back to our office. Typically we perform 24 hour pH probes and EGD Bravo studies OFF MEDS, but the decision is generally up to the referring MD. **Please have the patient call our office to schedule the procedure and for further instructions. Thank you.**

Patient Name:

DOB:

MRN:

Telephone:

Please enclose referring physician's clinical H & P and Medical Necessity Notes.

Referring Physician Name and Address:

Please indicate the test being performed:

1. Esophageal Manometry
2. 24 hour transnasal pH monitoring
3. Both manometry and transnasal pH monitoring
4. 48 hour Bravo wireless pH monitoring

Indication for test (circle one or more):

Dysphagia
Chest pain
Heartburn
Supr-esophageal GER symptoms
Pre-operative evaluation
Post-operative evaluation
Other:

If pH testing is to be performed, is the study to be performed on or off acid suppression medication?

If on medication, what medications/dosages:

Major Medical Problems:

Results of Prior Pertinent studies:

Ba Esophagram

Endoscopy

Prior Manometry or pH testing