



Gastrointestinal Motility, Esophageal, and Swallowing Disorders Center

	lity Lab Referral Form		
☐ ROUTINE (scheduled next available) ☐ PR	RIORITY (scheduled next	available, added to active	ly managed wait list)
	BOWEL	ABDOMINAL	SWALLOWING
**PRIMARY GASTROINTESTINAL SYMPTOMS	☐ Constipation	☐ Abdominal pain	☐ Dysphagia
Symptoms are used as billing diagnosis. Choose at least one.	☐ Diarrhea	☐ Discomfort/bloating	
Other symptom not specified:	☐ Fecal incontinence	_	☐ Regurgitation
		☐ Vomiting	☐ Odynophagia
Please include the patient's latest office note and	FGD/colonoscony renor	ts and any recent releva	nt GI study results
The DHMC scheduling secretary will call your p			_
atient Name:	•	ider:	•
OB:			
aytime Phone:			
Nobile Phone:			
ther Phone:			
CONADINE THE EVALUA	ATION IN A CINICIT NUCLT	TO OUR SENITER	
	ATION IN A SINGLE VISIT DXES – TWO VISITS FOR		
(CHECK BOTH BC	DXES - I WO VISITS FOR	ALL IESIS)	
Please inform your patient to drop off their ambulatory recorder at our center within 24-hours of completing the test.			
☐ Esophageal reflux and motility: High-Resolution			
<u>Contraindications</u> : prior trans-sphenoidal or pituitary surgery; c			NT sent with referral.
REQUIRED: Please mark the single mos		lestion you are asking	
·	nt actually have GERD?		DD11112
☐ TEST ON PPI I know the pati	ent nas GERD (or suspec	t they do), but why is the I	PPI not working?
☐ Whole gut motility (gastric, small bowel, colon) and anorectal disorder	rs: 3-D Anorectal Manome	etry and SmartPill
<u>Contraindications</u> : gastrointestinal surgery within six months; h			
stricture, gastric bezoar, severe active inflammatory bowel dise			
OP CHOOSE E	ROM INDIVIDUAL TESTS	SPELOW	
OR, CHOOSE P	ROW INDIVIDUAL 12313	S DELOW	
3D HIGH-DEFINITION ANORECTAL MANOMETRY	☐ HIGH-RESO	LUTION ESOPHAGEAL MA	ANOMETRY
ontraindications: anorectal surgery within six months; severe active	· · · · · · · · · · · · · · · · · · ·	prior trans-sphenoidal or pituit	
	surgery within six i	months requires clearance by El	NT sent with referral.
24-HR PH IMPEDANCE Must choose: ☐ ON PPI (W	/hy is the BBI not working	2) D OEE DDI (Do thou re	nally have CEPD2)
ontraindications: prior trans-sphenoidal or pituitary surgery; other	,	g:) - OH FFI (Do they re	dily have GLND:
irgery within six months requires clearance by ENT sent with referr			
T UVDDOCEN/METUANE DDEATUTECT	.h.att(a)) /
HYDROGEN/METHANE BREATH TEST Sulucose or lactulose testing is required prior to lactose or fructose te		glucose lactulose lactulose lactulose	_
incesse of fuctorise testing is required prior to idetose or fructose te	July Walliple Substitutes tull	se requested and tested on sep	arace days.
T COD (LIDDED ENDOCCODY) WITH DRAVE AS VIOLED	CARCIUE OFF PRI		
■ EGD (UPPER ENDOSCOPY) WITH BRAVO 48-HOUR (use H2 blockers up to 24 hours	hefore a Brayo test
atient will be requested to hold their PPI during testing for 7 days before testing. Patients can use H2 blockers up to 24 hours before a Bravo test. AUTION: Patient CANNOT have an MRI for at least ONE MONTH after Bravo is placed.			

Contraindications: presence of neurostimulator, nickel sensitivity/allergy, esophageal varices, cardiac pacemaker or defibrillator, spinal stimulator,

anticoagulation or antiplatelet therapy (i.e. Plavix). Please request <u>**pH-impedance study instead**</u>. Patients do not have to stop aspirin.