MID Dartmouth-Hitchcock	<u>Fax completed form to</u> : (603) 676-4068. We will contact the patient. ** Denotes required fields to complete the referral.		
Gastrointestinal Motility, E		wing Disorders Center	
	ility Lab Referral Form		
ROUTINE (scheduled next available)	RIORITY (scheduled next	available, added to active	ly managed wait list)
**PRIMARY GASTROINTESTINAL SYMPTOMS Symptoms are used as billing diagnosis. Choose at least one. Other symptom not specified:	BOWEL Constipation Diarrhea Fecal incontinence	ABDOMINAL Abdominal pain Discomfort/bloating Nausea Vomiting	SWALLOWING Dysphagia Heartburn Regurgitation Odynophagia
Please include the patient's latest office note and EGD/colonoscopy reports, and any recent, relevant GI study results. The DHMC scheduling secretary will call your patient to schedule an appointment between 9:00 am & 5:00 pm. Patient Name: Referring Provider:			
DOB:			
Daytime Phone:			
Mobile Phone:			
Other Phone:			
Please inform your patient to drop off their ambut Esophageal reflux and motility: High-Resolution Contraindications: prior trans-sphenoidal or pituitary surgery; REQUIRED: Please mark the single mo TEST OFF PPI Does the patie TEST ON PPI I know the patie Whole gut motility (gastric, small bowel, color Contraindications: gastrointestinal surgery within six months; stricture, gastric bezoar, severe active inflammatory bowel dist	n Esophageal Manometry other nasal surgery within six i st appropriate clinical qu nt actually have GERD? ient has GERD (or suspec n) and anorectal disorder history of any nut allergy, Croh ease (IBD), pacemaker/defibril	enter within 24-hours of of and 24-hr pH/Impedance months requires clearance by En uestion you are asking t they do), but why is the rs: 3-D Anorectal Manome m's disease, bowel obstruction, lator, any neurostimulator; pat	e Catheter NT sent with referral. PPI not working? etry and SmartPill gastrointestinal fistula or
OR, CHOOSE I	FROM INDIVIDUAL TESTS	S BELOW	
3D HIGH-DEFINITION ANORECTAL MANOMETRY <u>Contraindications</u> : anorectal surgery within six months; severe activ	ve IBD <u>Contraindications</u> :	HIGH-RESOLUTION ESOPHAGEAL MANOMETRY <u>Contraindications</u> : prior trans-sphenoidal or pituitary surgery; other nasal surgery within six months requires clearance by ENT sent with referral.	
24-HR PH IMPEDANCE Must choose: ON PPI (W <u>Contraindications</u> : prior trans-sphenoidal or pituitary surgery; other surgery within six months requires clearance by ENT sent with refer	r nasal	g?) 🗖 OFF PPI (Do they r	eally have GERD?)
Glucose or lactulose testing is required prior to lactose or fructose t		glucose lactulose be requested and tested on se	-
EGD (UPPER ENDOSCOPY) WITH BRAVO 48-HOUR Patient will be requested to hold their PPI during testing for 7 day CAUTION: Patient CANNOT have an MRI for at least ONE MONTH Contraindications: presence of neurostimulator, nickel sensitivity/au anticoagulation or antiplatelet therapy (i.e. Plavix). Please request	<mark>is before testing. Patients can after Bravo is placed.</mark> Ilergy, esophageal varices, card	diac pacemaker or defibrillator,	spinal stimulator,
We require that SmartPill, Bravo and impedance receivers be returned to DHMC Motility in Lebanon in person within 24 hours of end of test.			