

Gastrointestinal Motility, Esophageal, and Swallowing Disorders Center

Motility Lab Referral Form

- ROUTINE** (scheduled next available) **PRIORITY** (scheduled next available, added to actively managed wait list)

****DIAGNOSIS/REASONS(S) FOR PROCEDURE(S)** _____

****PRIMARY GASTROINTESTINAL SYMPTOMS**

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: _____
DOB: _____
Daytime Phone: _____
Mobile Phone: _____
Other Phone: _____

Referring Provider: _____
Office Phone: _____
Office Fax: _____
Address: _____

3D HIGH-DEFINITION ANORECTAL MANOMETRY

Contraindications: anorectal surgery within six months; severe active IBD

HIGH-RESOLUTION ESOPHAGEAL MANOMETRY

Contraindications: prior trans-sphenoidal or pituitary surgery; other nasal surgery within six months requires clearance by ENT sent with referral.

HYDROGEN/METHANE BREATH TEST

Substrate(s) requested: glucose lactulose lactose fructose

Glucose or lactulose testing is required prior to lactose or fructose testing. Multiple substrates can be requested and tested on separate days.

****PLEASE MARK HOW TESTING SHOULD BE PERFORMED:** **ON PPI or H2RA** **OFF PPI or H2RA**
If patient is not on any antireflux medications, please check "OFF PPI or H2RA"

EGD (UPPER ENDOSCOPY) WITH BRAVO 48-HOUR CAPSULE (Tests for Acid Reflux)

CAUTION: 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 pH-impedance study instead. Patients do not have to stop aspirin.

BRAVO 48-HOUR CAPSULE WITHOUT SEDATION (NO EGD REQUIRED) (Tests for Acid Reflux)

REFERRING PROVIDER INITIALS: _____ (required for unsedated Bravo requests)

The requesting provider has reviewed the chart and agrees that the patient does not have a large hiatal hernia, moderate hiatal hernia, or 3cm or larger hiatal hernia. If a large, moderate, or 3cm or greater hiatal hernia is present, request an EGD/Bravo instead.

CAUTION: 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 pH-impedance study instead. Patients do not have to stop aspirin.

COMBINED HIGH-RESOLUTION ESOPHAGEAL MANOMETRY with 24-HOUR pH/IMPEDANCE CATHETER STUDY (Tests for Acid and Non-Acid Reflux)

Contraindications: prior trans-sphenoidal or pituitary surgery; other nasal surgery within six months requires clearance by ENT sent with referral.

IMPEDANCE-pH 24-HOUR CATHETER STUDY ONLY (Tests for Acid and Non-Acid Reflux)

Contraindications: prior trans-sphenoidal or pituitary surgery; other nasal surgery within six months requires clearance by ENT sent with referral.

For all requested 24-hr pH/impedance or unsedated Bravo studies, we will schedule an esophageal manometry as part of the test if not performed within 12 months at DHMC Lebanon.

We require that Bravo and impedance receivers be returned in person within 24 hours of end of test.