

Section of Gastroenterology and Hepatology Motility Lab Referral Form

URGENT (timeframe) _____ **ROUTINE** (next available)

PLEASE PRINT

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

Please fill this form out, fax to 603.676-4068 (dept fax) with patient's latest office note, latest EGD report, and any recent, relevant GI study results. If patient is new to DHMC, please include demographic information.

Patient Name: _____	Referring Provider: _____
DOB: _____	Office Phone: _____
Daytime Phone: _____	Office Fax: _____
Mobile Phone: _____	Address: _____
Other Phone: _____	Address: _____
Address: _____	DHMC motility scheduling secretary will call your patient to schedule an appointment between 9:00 am & 6:00 pm
Address: _____	

BRAVO STUDY - 48-HOUR CAPSULE STUDY ** **ON PPI or H2RA** ** **OFF PPI or H2RA**
(Tests for Acid Reflux) (ON or OFF meds **REQUIRED**) If patient is not on any GI meds, please check "OFF PPI or H2RA."

IMPORTANT: FOR PROPER BRAVO CAPSULE PLACEMENT, AN EGD IS REQUIRED IF the patient has not had an EGD within the last 12 months or if the patient has a medium or large hiatal hernia (greater than or equal to 4 cm), *whether or not the patient has had a recent EGD.* Please request an EGD on this referral form if either of those is the case.

CAUTION: Patient should **NOT** have an MRI for at least **ONE MONTH** after Bravo is placed.

CONTRAINDICATIONS FOR BRAVO: If a patient has a neurostimulator, esophageal varices, cardiac pacemaker, cardiac defibrillator, or a spinal stimulator then patient cannot have a Bravo study, but **may have an impedance-pH study instead.**

COUMADIN OR PRADAXA: Patients must stop taking Coumadin or Pradaxa five days prior to Bravo (only with prescribing provider's permission). Patients do not have to stop Plavix or aspirin.

IMPEDANCE-pH 24-HOUR CATHETER STUDY ** **ON PPI or H2RA** ** **OFF PPI or H2RA**
(Tests for Acid and Non-Acid Reflux) (ON or OFF meds **REQUIRED**) If patient is not on any GI meds, please check "OFF PPI."

PLEASE NOTE: WE REQUIRE THAT BRAVO AND IMPEDANCE RECEIVERS BE RETURNED *IN PERSON* WITHIN 24 HOURS OF END OF TEST.

<input type="checkbox"/> HIGH-RESOLUTION ESOPHAGEAL MANOMETRY	<input type="checkbox"/> HIGH-RESOLUTION ANORECTAL MANOMETRY
<input type="checkbox"/> UPPER ENDOSCOPY (EGD)	
<input type="checkbox"/> *ANTRODUODENAL MANOMETRY	<input type="checkbox"/> *ELECTROGASTROGRAM

*Prior consultation with DHMC or review by a physician required – updated 03/15/18

**Required field – Cannot call patient without this information