

DHMC Gastroenterology Motility Laboratory

Office Phone: (603) 650-5215

Office Fax: (603) 650-5225

Provider: _____

Office Phone: _____

Office Fax: _____

Patient: _____

DOB: _____

DHMC-MR#: _____

Address: _____

PLEASE NOTE:

Our appointment secretaries will contact your patient to schedule an appointment. Please provide daytime phone where the patient can be reached between 8am – 5pm.

Daytime Phone: _____

Important – Please Complete

Diagnosis/Reason for procedure?

Question(s) to be answered?

Procedure(s) Requested

- BRAVO Wireless 48 hour pH Capsule** (preferred test to diagnose GERD)
NOTE: BRAVO cannot be performed in patients with neurostimulators, esophageal varices or cardiac pacemakers
Your patient should NOT have a MRI for at least ONE MONTH after procedure is performed.
- 24 Hour pH acid Probe** (for patients with neurostimulators and cardiac pacemakers)
- Impedance pH Testing** to measure both acid and non-acid reflux

* Please answer the following **REQUIRED** questions for **BRAVO, 24 Hour pH or Impedance pH Studies** *

- To be done **ON** medication: _____ (medication and dose)
- To be done **OFF** medication: (PPI's, H2RAS need to be held 7 days prior; no antacids 24 hours prior to testing)
1. Has patient had a prior upper endoscopy (EGD) procedure (within last 3 years)? Yes or No (circle one)
2. Has this patient had an esophageal manometry (within last 3 years)? Yes or No (circle one)
Note: If your patient has not had an upper endoscopy or esophageal manometry, an esophageal manometry will be scheduled at time of 24 hour pH study or Bravo capsule placement to ensure proper placement.
3. Does this procedure need to be coordinated with an upper endoscopy (EGD)? Yes or No (circle one)
4. Is this appointment needed prior to surgery? Yes or No (circle one) If yes, when is surgery date? _____

- Esophageal Manometry**
- Anorectal Manometry + Sensory Testing**
 also with balloon expulsion (for constipation)
- Electrogastrogram** (prior consultation with DHMC required)
- Antroduodenal Manometry** (prior consultation with DHMC required)
- Pelvic Floor Rehabilitation** for fecal incontinence or constipation due to pelvic floor dysfunction (prior consultation required)

Please attach any pertinent medical information to include any prior procedure reports and results. If referring for a pH study, please attach any prior upper endoscopy or esophageal manometry reports for measurements.

Thank you!