

**UNIVERSITY OF VIRGINIA HEALTH SYSTEM
DIGESTIVE HEALTH CENTER
GI MOTILITY / DIAGNOSTIC FUNCTION TESTING**

REQUEST FORM

To schedule tests: (434)924-9999

Please complete and Fax to (434) 924-8144

Date of Appt: _____ Change Appt: _____

Date of Appt: _____ (48 hour return for Bravo pH / Impedence pH)

Name: _____ MRN: _____

Phone: (home) _____ (work) _____

Referring Physician:* _____

Indication for Procedure:

Dysphagia	Chest Pain	Reflux/Heartburn	Nausea/Vomiting
Abdominal pain	Constipation	Diarrhea	Incontinence
Anemia	GI Bleed	Ulcerative colitis	Crohn's

Other:

Please check procedure(s) to be performed:

Esophageal Manometry _____ Bernstein Acid _____ Tensilon _____

24hr pH Reflux Study _____ BRAVO pH _____ Impedence pH _____

Please Indicate: ON or OFF meds *PLEASE INFORM PT of INSTRUCTIONS!*

Anorectal Biofeedback _____

Anorectal Manometry _____

H2 Breath Test: Bacterial Overgrowth _____ Lactose Intolerance _____ Lactulose Transit _____

C14 Breath Test _____ (**Helicobacter / H. Pylori**) *Please see brochure for patient prep*

Remicade Infusion _____ MOTILITY TEMPLATE / REMICADE TEMPLATE

Capsule Endoscopy _____

Other: _____