

GI Motility Procedure Order Form



Patient Name: _____
 Date of Birth: _____
 Patient Phone No: _____

Motility Lab
 Fax: (206) 625-7195
 Phone: (206) 223-2319

STEP 1: Order Study (check all that apply)

Ano-rectal manometry/motility <i>with</i> balloon expulsion test	
24 Hr pH - impedance	On meds: PPI's
48 Hr BRAVO pH	ON Meds: PPI's
Capsule endoscopy small bowel	
Capsule endoscopy esophageal	
High Resolution Esophageal manometry	
High Resolution Esophageal manometry with EGD placement**	
Hydrogen breath test for bacterial overgrowth with lactulose	
Hydrogen breath test for lactose intolerance	
Hydrogen breath test for fructose intolerance	
Other:	

STEP 2: Indication for study (check all that apply)

Achalasia (Diagnosed) **	Dysphagia	Malabsorption
Achalasia (Rule out)	Esophageal spasms	Para esophageal Hernia **
Bacterial Overgrowth	Fecal Incontinence	
Non Cardiac Chest pain	Gastroparesis	
Chronic cough	GERD	Other problems (list)
Chronic Constipation	Hiatal Hernia	1
Chronic Diarrhea	Lactose Intolerance	2
Dysmotility		

** Requires EGD placement

STEP 3: Sign Order

Signature of Ordering Provider: _____

Ordering Provider (Print): _____

Phone: () _____

FAX: () _____

STEP 4: FAX signed order WITH pertinent outside records to (206) 625-7195