



NEW PATIENT REFERRAL/CONSULTATION

Thank you for your interest in our motility lab! To schedule an appointment with one of our providers, you or your doctor must first complete this detailed referral form and return it to us. Appointments cannot be made until we receive all of the following information:

- Anorectal Manometry (includes Anorectal manometry CPT 91122, EMG CPT 51784, Rectal Sensation, Tone, & Compliance CPT 91120 & expulsion catheter)
Pelvic Floor Retraining/Biofeedback CPT 90911 (first, must have Anorectal manometry at UNC-CH)
Helicobacter Pylori (C-13) Breath Test CPT 83013
Hydrogen Breath Test for Bacterial Overgrowth CPT 91065
Hydrogen Breath Test for Lactose Intolerance CPT 91065

\*\*\*When both hydrogen breath tests are ordered, they will be scheduled on separate days.\*\*\*

- Esophageal Manometry CPT 91010
Esophageal Function Test (EFT) only CPT 91037
Esophageal Manometry w/Esophageal Function Test (EFT) CPT 91010 & 91037

\*\*\*Comprehensive Esophageal Testing\*\*\*

- pH probe, 24 hour ambulatory CPT 91034: off PPI on PPI
Impedance/pH probe, 24 ambulatory care CPT 91038 off PPI on PPI
Bravo pH Capsule CPT 91035 off PPI on PPI

\*\*\*Also - request EGD for Bravo Capsule placement\*\*\*

Indication(s):

- Abdominal Pain
Asthma/reactive airway
Bloating
Constipation
Chest Pain (non-cardiac)
Cough
Diarrhea
Dyspepsia
Dysphagia
Failure to respond to treatment

- Fecal Incontinence
GERD
Globus
Heartburn
Nausea/Vomiting
Proctalgia
Regurgitation
Shortness of Breath
Throat Burning
Throat Clearing
Other:

Co-Morbidities:

- Anticoagulation Therapy
Asthma/reactive airway
Bleeding Disorder
Communicative Disease
CAD/CHF/Cardiac Disease
Diabetes
Immunosuppressed
Neurological Impairment
Transplant (organ)
Other:

PATIENT INFORMATION

UNC MR# (if known):

Form with fields for LAST NAME, FIRST NAME, MIDDLE NAME, PRIMARY PHONE, ALTERNATE PHONE, SEX, BIRTH DATE, STREET ADDRESS, CITY, STATE, ZIP.

\*\* If no medical record number please call 919-966-1234

REFERRING PHYSICIAN INFORMATION

Form with fields for PHYSICIANS NAME, PRACTICE NAME, STREET ADDRESS, CITY, STATE, ZIP, PHONE, FAX, EMAIL ADDRESS.

All pediatric patients require admission to the hospital for a pH or Impedance/pH probe. Please call 843-0811 to request a reservation for a bed. If the referring is not a UNC physician, please have the hospital operator page the pediatric admitting physician on call at 919-966-4131, page 216-8160, to coordinate a bed at UNC Hospitals during the time of the procedure.

Please fill out form completely and fax to 919-966-8764. All tests require a referral from a medical provider along with an indication for the diagnostic test. An appointment will be scheduled and mailed to the patient after the referral is received.

Thanks!: