

**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: \_\_\_\_\_