



**U OF M GI PHYS LAB TEST REQUEST FORM**

**PATIENT NAME:**

**REG NO.:**

**DOB:**

**TESTS:**

- Anorectal Manometry                       Esophageal Manometry
- Hydrogen Breath Test
- Urea Breath Test
- Colonic Transit Test
- 24 Hr pH Impedance w/ Manometry

Referring/Ordering Physician

Date

Referring Clinic/Location

Ph. #

Fax #

**SYMPTOMS:**

- Constipation
  - Fecal Incontinence
  - Rectal Bleeding
  - Steatorrhea (Fatty Stools)
  - Diarrhea
  - Dyssynergia Defecation
  - Anal Pain/Spasms
  - GI Bleed
  - Pelvic Floor Dysfunction
  - Gastroparesis
  - Abdominal Pain
  - Anemia
  - Iron Deficiency
  - Heartburn
  - Epigastric Pain
  - GERD (Reflux)
  - Dysphagia (Difficulty Swallowing)
  - Chronic Cough
  - Hiatal Hernia
  - Regurgitation
  - Chest Pain
  - Esophageal Spasms
  - Scleroderma
  - Achalasia
  - Lung Transplant Evaluation
  - Nausea/Vomiting
  - Dyspepsia
  - Melena
  - Indigestion
  - Suspected Crohn's/IBD
- Other: \_\_\_\_\_

**ANORECTAL MANOMETRY**

- PNLT NEEDED
- (2 warm tap water enemas for prep)

**HYDROGEN BREATH TEST**

- Glucose  Lactose  Fructose  Sucrose
- (No antibiotics or Pepto Bismol 2 weeks before)
- (Low carb/dairy diet 2 days before)

**UREA BREATH TEST (H. PYLORI)**

- (Off PPIs 1 week/ Off H2 Blockers 3 days/ Off Antacids 24 Hrs)
- (Off antibiotics/Pepto Bismol 30 days)

**ESOPHAGEAL MANOMETRY/24HR PROBE/IMPEDANCE**

- Test while on medication (PPIs)  Test off medication
- (Off antacids 24 hours/ NPO 6 hours before)

**TO SCHEDULE:**

FAX the completed form to (734) 615-2514.

We will contact the patient.