

Please fax orders to the Gastroenterology Center at 414-266-4709 Attn: Scheduling. A staff member will contact the family to schedule.

Name: _____ MR#: _____ DOB: _____ Age: _____
 Parent/Guardian: _____ Phone: _____
 Insurance Plan: _____ ID#: _____
 Ordering MD Name: _____ Phone: _____
 Ordering MD Fax: _____

INDICATION:

- Diagnose Acid Reflux (must be off all antacids (H2 & PPI) 72 hours prior to study).
- Acid suppression medication efficacy (on medication)
- Correlate symptoms with reflux episodes

Patient Disposition:

- Home with probe
- 23 hr observation stay due to _____

Current Medications:

- None
- Updated in Epic
- See attached
- _____
- _____
- _____
- _____
- _____

Current Symptoms:

- Chest Pain
- Cough
- Dental Erosions
- Dysphagia
- Globus
- Heartburn
- Hoarse Voice
- Odynophagia
- Pharyngitis
- Regurgitation/Vomiting
- Rhinitis
- Water Brash
- Wheeze

Underlying Conditions:

- Achalasia/Motor Disorder
- Developmental Delay
- Apnea
- Aspiration
- Asthma
- Cerebral Palsy
- Chronic Lung Disease
- Other History (eg., behavioral disorders) _____
- Continuous tube feeds (feeds will need to be changed to bolus during testing)
- Hiatal Hernia
- Laryngo/Tracheomalacia
- Post-Fundoplication
- Recurrent Pneumonia
- Recurrent Otitis Media
- Trachoesophageal Fistula

Ordering MD Signature: _____ **Date:** _____ **Time (Required):** _____

Please provide patient with the instructions for the test 24 Hour pH/Impedance Probe Test.

Information can be found at www.chw.org under the handouts/teaching sheets section. Test results will be forwarded to the ordering provider within ten days. Call 414-266-3690 with questions.

OFFICE USE ONLY

Date Received: _____

Date of Appointment: _____ Time of Appointment: _____

Physician Interpreting: _____

