

Patient Data

Name: _____ Sex: M F Birth Date: _____
Home phone: _____ Other phone: _____ Insurance: _____
Referring GI Physician: _____ Referring Primary Physician: _____

Indication:

- Evaluate patient with persistent GER symptoms (heartburn, regurgitation) on acid suppressive therapy with normal endoscopic findings
- Evaluate patient with suspected Gastroesophageal reflux who do not produce acid (prior gastrectomy, atrophic gastritis)
- Evaluate patient with suspected laryngopharyngeal reflux or microaspiration not responsive to maximal PPI therapy
- Evaluate the role of non-acid reflux in patient with extraesophageal manifestations possibly attributable to GERD, and not responsive to maximal PPI therapy (e.g. laryngitis, pharyngitis, chronic cough, hoarseness, sore throat, globus, throat clearing, asthma)
- Other: _____

Please indicate level of LES in cm if known: _____

Note that the presence of Barrett's or active esophagitis may diminish the utility of this study

Note that the diagnostic yield for symptom association is highest for patients who undergo this study on maximal dose PPI therapy

Study done ON maximal medical therapy

List: _____

- Study done off acid suppressive therapy

**Please fax this form along with the standard booking form to 401.444.6179.
We will not be able to schedule this procedure without the above information. Thank you for your cooperation.**

Physician Print Name/Sign

Date