

**Patient Data**

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

**Indication:**

- Document abnormal acid exposure in endoscopy negative patient
- Evaluate patient prior to consideration of anti-reflux surgery
- Evaluate patient with symptoms after anti-reflux surgery
- Evaluate patient with GER symptoms refractory to therapy
- Evaluate patient with atypical chest pain after negative cardiac evaluation
- Evaluate patient with extraesophageal manifestations possibly attributed to GERD (e.g. laryngitis, pharyngitis, chronic cough, hoarseness, sore throat, globus)
- Evaluate patient for presence of GER in adult-onset/non-allergic asthma
- Other: \_\_\_\_\_

**Please Choose:**

- Catheter ("Accutrack") pH Study
- Capsule ("Bravo") pH Study
  - Transoral placement of capsule  
Please indicate level of LES in cm if known: \_\_\_\_\_
  - Placement at time of endoscopy
    - Placement by referring physician
    - Placement by member of Endoscopy Unit Attending Staff

## Capsule Location:

- Distal esophagus 5cm proximal to LES
  - 24 hour study                       48 hour study
- Proximal esophagus 5cm distal to UES
  - 24 hour study                       48 hour study

**Please Choose:**

- Study done ON medical therapy  
List: \_\_\_\_\_
- Study done OFF medical 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