**GI PHYSIOLOGY PROCEDURE REQUEST FORM**

**Patient Name:………………………………..............................................** **D.O.B:…………….....………………….**

**Address:……………………………………………………………………………………………………………………………………..**

**Telephone Number: ………………………………………….……………………………………………………………………….**

**E-mail:………………………………………………………………. Insurance provider:………………………………………..**

**Referring Doctor:……………………………………………………………………………………………………………..…………**

**Address for results:…………………………………………………………………………………………………………..………..**

**Mobility Issues:…………………………………………………………………………………………………………………………..**

**High Resolution Oesophageal Manometry and Impedance**

**24 Hour Ambulatory Oesophageal pH and Impedance**

**High Resolution Ano-Rectal Manometry**

**Small Bowel Physiology (SmartPill) Study**

**Gastric Emptying**

**Hydrogen and Methane Breath Test SIBO (Lactulose)**

 **Lactose intolerance (Lactose)**

 **Fructose intolerance (Fructose)**

 **Other (please specify: \_\_\_\_\_\_\_)**

**Helicobacter Pylori Breath Test**

**Biofeedback for Evacuatory Dysfunction / Incontinence**

**Endo-anal Ultrasound**

**Evacuation Proctography (available in London only)**

**Pudendal Nerve Study (available in London only)**

**Colonic Transit Study (available in London only)**

**Clinical Indication…………………………………………………………………............................................**