Memorial Hermann Health System Heartburn, Reflux and Motility Testing Referral Order

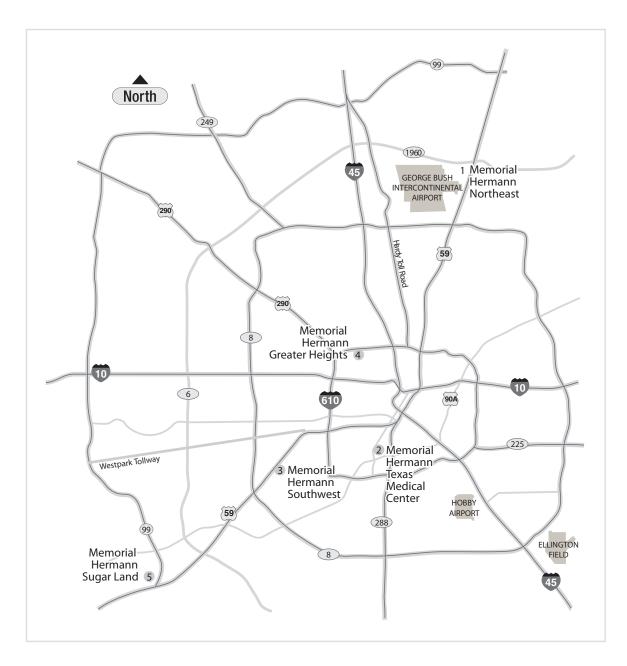
Patient Information

☐ I, referring provider, attest that I have discussed this referral with the patient, and the information with Memorial Hermann or its affiliated providers for the purposes related including but not limited to scheduling, reminders, and medication refills; (2) email or reminders, and medication referrals; and (3) other information regarding my health content in the revoke this consent, they may contact Memorial Hermann at 713-222-CARE Provider Signature Print Name	I to this referral, including: (1) telephone mail communications regarding health are, billing and health related services a (2273) or opt out directly after receipt o	calls and text mess care, including but n nd benefits. I have i communication.	ages regarding ot limited to sch nstructed the pa	health care, neduling,
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— Cetacalile diopharyngear spray i spray to the back of the ti				
	iroat. May repeat x i			
 □ Discontinue Anti-Reflux medication □ Cetacaine oropharyngeal spray 1 spray to the back of the tl 	for days prior to	procedure		
☐ Benzocaine 20% spray 2 sprays to the back of the throat. N				
☐ Phenylephrine HCL 1% spray 2 sprays each nostril				
\square Lidocaine HCL Jelly 2% may use up to 5 mL per nostril as in	ndicated			
Medication Orders For Manometry/24 Hour pH Impedance				
(Name and phone number of Physician to perform EGD &/or	Bravo)			
☐ 24Hr pH with impedance (91038) ☐ Esophageal Manomed EGD ☐ Bravo (91035) ☐ Small Bowel Capsule (Pillca ☐ Please consult Dr	m [™]) (91110)			duling.
Procedure - Check ALL Procedures Requested:				
Allergies:				
Primary Diagnosis:				
Clinical Information				
Send Results To Fax:				
City:	St	ate:	ZIP:	
Office Address:				
Email:				
Office Contact:	Phone:			
Name:				
Ordering Physician Information				
Please fax this order and the following information to the preferred A copy of Pt ID and Insurance Card (front and back), Recent H&P or	• •	•		
Patient's primary language:				
Email Address:				
Primary Phone:				
City:				
Patient Name: Street Address:				

MEMORIAL HERMANN

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- Memorial Hermann Northeast, Endoscopy Services, Motility Lab. 18951 Memorial North, Humble, Texas 77338 P 281-540-7998, F 281-540-7192
- Memorial Hermann Texas Medical Center- Ertan Digestive Disease Center (EDDC) 6400 Fannin Street, Suite 1400, Houston, TX 77030 P 713-704-3450, F 713-704-5940
- 3 Memorial Hermann Southwest- Endoscopy Department 7777 Southwest Freeway, Suite 2008, Houston, TX 77074 P 713-456-5176, F 713-456-4009
- 4 Memorial Hermann Greater Heights- Heartburn and Reflux Program (HARP) 1635 North Loop West, 2 nd Floor North Tower Houston TX 77008 P 713.867.GERD (4373), F 713.867.4630
- Memorial Hermann Sugar Land Endoscopy Department 17500 West Grand Parkway South, Sugar Land, TX 77479 P 281-725-5265, F 281-725-5641

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