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# Oesophageal Physiology Request

Please write in clear block letters.

Patient name:

Date of birth:

Phone:

Address:

Please mark the requested test(s):

- Oesophageal Manometry
- 24 hour pH study & Manometry **ON** acid suppression
- 24 hour pH study & Manometry **OFF** acid suppression

## Indications & clinical details:

Anti-acid therapy or relevant medications:

Clinical images attached (if applicable):

Referrer:

Provider No:

Address (for sending report):

Contact number:

Signature:

Date:

## Important Information:

- Once a referral is **received** patients, will be contacted for booking & further information
- **OFF** Acid suppression: Medication is ceased 5 days prior to the test
- **Fasting time:** 4 hours
- Please allow a minimum of **3 weeks** from the study date, to receive the report