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Oesophageal Physiology Request

Please write in clear block letters.

Patient name:

Date of birth:

Address:

Phone:

Please mark the requested test(s):

- Oesophageal Manometry
- Oesophageal Manometry & 24 hour pH studies **OFF** acid suppression
- Oesophageal Manometry & 24 hour pH studies **ON** 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 the referral is **received** patients will be contacted to organise an appointment and will be provided with further information and instructions.
- **OFF** Acid suppression: Medication is ceased 5 days prior to test.
- **Fasting time:** 4 hours
- Please allow **3 weeks** from study date for the report.