



Centre for Swallowing & Oesophageal Disorders
Referral for Oesophageal Physiology Studies

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Referrals to - Fax: +612 8382 3983 OR Email: SVHS.Gastro@svha.org.au

1) PATIENT DETAILS:

Name:
Address:
MRN:
Medicare No: Gender: M / F
DOB: Tel:
Email:

2) TESTS REQUESTED:

- Oesophageal high-resolution manometry
Ambulatory 24h oesophageal reflux monitoring

OFFICE USE
HRM
pH pH-Z
ON OFF
Urgency:
Other:

3) INDICATION(S):

- Dysphagia Regurgitation Heartburn Suspected GORD - Tests off PPI/H2RA 7d
Established GORD (LA C/D oesophagitis, Barrett's, or prior positive pH study) - Tests on PPI/H2RA
Chest Pain Other/Comments:

4) CLINICAL INFORMATION:

Medications (Please circle): PPI H2RA Opiates Prokinetic

Endoscopy:

Barium:

5) REFERRING DOCTOR'S DETAILS (including provider no, fax/email for report):

Signed: Date: