

The St George Swallow Centre

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St George
Hospital



University of
New South Wales

REQUEST FOR OESOPHAGEAL FUNCTION STUDIES

PATIENT NAME:.....

ADDRESS:.....

.....

MEDICARE NUMBER:.....MRN:.....

DOB:.....SEX:.....M / F

TELEPHONE:EMAIL:.....

Study Requested: (✓)

- Oesophageal manometry
- Ambulatory oesophageal pH monitoring
(NB: Cease PPIs or H₂RAs at least 7 days prior)

Patients routinely bulk billed for these tests

Indication/purpose of this referral:

.....
.....
.....

Additional report(s) to:

.....

Referring doctor's name, address, fax, email & provider number:

Referring doctor signature:.....Date:.....

Fax this request to: (02) 9113 3993 Or Email to: seslhd-stgeorge-gastroliver@health.nsw.gov.au