



Dignity Health[®]
Mercy Medical Group

A Service of Dignity Health Medical Foundation

Heartburn and GERD Center
Mercy Medical Group
3000 Q St., 5th Floor
Sacramento, CA 95618
Phone: (916) 538-0875
heartburn@commonspirit.org

Mercy General Hospital
Esophageal Motility Lab

Date of Referral: _____ Diagnosis: _____ MRN: _____

Patient Name: _____ DOB: _____ Phone: _____

Ordering Provider Name and Signature: _____

- **Esophageal manometry only (91010)**

Test for esophageal motility disorders, dysphagia or swallowing difficulties.

- **Esophageal manometry AND 24 hour pH test (91010/91037/91038/91034)**

Includes additional tests for gastroesophageal reflux or heartburn. The patient is discharged home with an intranasal catheter and wireless recording device to be returned in 24hrs.

- **OFF PPI medications (recommended)**

Hold PPIs (omeprazole, pantoprazole, etc.) x7 days; H2 blockers (ranitidine, famotidine, etc.) x3 days; OTC antacids (Tums, mylanta, maalox, sucralfate) x1 day

- **On PPI medications**

- **Upper endoscopy with Bravo ph capsule placement (43239/91035)**

Under sedation, endoscopic evaluation of the esophagus and stomach with placement of a non-permanent capsule device in the lower esophagus to evaluate for gastroesophageal reflux or heartburn. Patient discharged with wireless recorder device to be returned in three days.

- **OFF PPI medications(recommended)**

Hold PPIs (omeprazole, pantoprazole, etc.) x7 days; H2 blockers (ranitidine, famotidine, etc.) x3 days; OTC antacids (Tums, mylanta, maalox, sucralfate) x1 day

- **ON PPI medications**

- **Pillcam small bowel capsule endoscopy (91110)**

The patient swallows a capsule camera, which records photographs of the entire intestinal tract, primarily used to evaluate for occult sources of bleeding or other disorders not able to be evaluated endoscopically. Patients discharged with a linked recorder device, which they return in one day .

Unless contraindicated, please order for patient comfort:

- **Lidocaine Jelly 2% in 5ml syringe**

To RN: apply 2ml in each nostril 5min prior to performing the procedure. Repeat as necessary.

Please also send the following with this form:

- **Recent H&P**

- **Copy of Insurance Authorization Auth # _____ valid from ____/____/____ to ____/____/____**

- **Facesheet or Patient Demographics**

Please fax to 916-853-4806, or
Email to MGH-SURGERYSCHEDULING@Dignityhealth.org