



The St. George Hospital

Gastroenterology Department
Level 1, Burt Wing, Gray Street, KOGARAH N.S.W 2217
Phone: (02) 9113 2817 Fax: (02) 9113 3993

St George Swallow Centre
Prof Ian Cook

Request for Oesophageal Function Studies

PATIENT NAME:

ADDRESS:

.....

.....

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

TELEPHONE: **EMAIL:**.....

Study Requested: (✓)

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

Indication/purpose of this referral:

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Additional report(s) to:

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

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

Fax this request to: (02) 9113 3993