

GREEN SPRING STATION GI LAB & MOTILITY CENTER

2360 West Joppa Road . Joppa Concourse . Suite 205 . Lutherville MD 21093

GUIDE TO SCHEDULING PROCEDURES

TO:

REFERRING PHYSICIAN / SECRETARY / HOSPITAL MOC:

1. **CALL CENTRAL SCHEDULING:** 410.933.7495 Option 2, then press #2

2. **SELECT PROCEDURE TO BE SCHEDULED:**

- High Resolution Esophageal Manometry
- Combined PH/Impedance Study (24 hours)
- Anorectal Manometry
- Breath Test (Lactulose/Fructose or Lactose)

NAME: _____ Date: _____
JH MRN: _____ DOB: _____
REQUESTING MD: _____ (Name/Sig.)

INDICATIONS:

Symptom(s)/Including Diagnosis Codes:

3. Checklist:

IMPORTANT: HAVE YOU PROVIDED THE FOLLOWING INFORMATION TO THE PATIENT?

1. PREP INSTRUCTIONS GIVEN:

PHONE: _____ MAIL: _____ E-MAIL: _____

2. DATE & TIME GIVEN TO YOU BY SCHEDULING:

PHONE: _____ MAIL: _____ E-MAIL: _____

3. FACILITY DIRECTIONS PROVIDED:

PHONE: _____ MAIL: _____ E-MAIL: _____