



Midwest Gastrointestinal Associates PC

Methodist Physicians Clinic General Surgeons Manometries Referral Form

Midwest GI Office Locations:

8901 Indian Hills Drive, Suite 200, Omaha, NE 68114

17001 Lakeside Hills Plaza, Suite 200, Omaha, NE 68130

808 East Pierce Street, Suite 301, Council Bluffs, IA 51503

Phone: 402-397-7057

**Please fax requests to Scheduling Department:
(402) 505-4710**

MGI Use Only

☐ Patient Scheduled

Date: _____

Location: _____

Doctor: _____

☐ Patient Not Scheduled

☐ Patient Refused: _____

☐ Attempted to Contact/Schedule:

x1. _____

x2. _____

Date of Request: _____

Patient Name: _____

Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

SS #: _____ Sex: ☐ M ☐ F DOB: _____

Ordering Physician: _____ Phone: _____ Fax: _____

Insurance: _____

Test Requested:

_____ Esophageal Manometry

_____ Esophageal Manometry with 24 hour Impedance pH studies

_____ Done On Therapy

_____ Done Off Therapy

*Diagnosis: _____ ICD 10 Code: _____

*Diagnosis: _____ ICD 10 Code: _____

If any tests/labs have been done please fax results with this scheduling sheet. Please fax completed form to our fax number listed above and our scheduling team will contact your patient regarding your request.

Patients 18 and younger and 80 and older will be scheduled for an office appointment prior to performing an endoscopic procedure to complete a full pre-endoscopic evaluation to determine the most appropriate plan of care required for their safety and comfort.

Visit our website at www.midwestgi.com for additional information and forms.