



Referral to

The Twin Cities Heartburn Center at Specialists in General Surgery

Patient Name: _____ Date of Birth: _____

Phone number (1): _____ Alternate phone number (2): _____

Referral type:

Please check all that apply and indicate diagnosis.

Reflux/heartburn/dysphagia MD consult – Diagnosis: _____

Esophageal Manometry (motility testing) – Diagnosis: _____

BRAVO pH 96 hours (acid reflux) – Diagnosis: _____

Catheter pH 24 hours (non-acid reflux) – Diagnosis: _____

EGD – Diagnosis: _____

Colonoscopy – Last colonoscopy date and location, if known: _____

Diagnosis: _____

Referring Provider Name: _____ Date: _____

Signature: _____

Printed Name: _____

Please fax this form to (763) 420-0500.

If questions arise, please call (763) 780-6699.

Specialists in General Surgery

9825 Hospital Drive, #105
Maple Grove, MN 55369

tcheartburn.com

