



GI For Kids

Pediatric Gastroenterology and Nutrition Services

Excellent Care Every Time

1975 Town Center Blvd · Knoxville, TN 37922

Phone (865) 546-3998 · Fax (865) 546-1123 · www.giforkids.com

Referral Form - Motility and Heartburn Clinic

Conrad B. Cox, MD

Referring Provider: _____ Primary Care Provider: _____
Phone: _____ Fax: _____ Date: _____

Patient Information

Patient Name: _____ DOB: _____ Sex: Male Female Other _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Guarantor Name: _____ Phone (if different): _____
Relationship to patient: Mother Father Legal Guardian Other: _____

Interpreter Needed: No Yes If yes, then please specify language: _____

Insurance Information

**May skip if copy of insurance card is sent with referral*

Insurance: _____ ID #: _____ Group #: _____
Billing Address: _____ Phone: _____

Reason for Referral: _____

Service Requested:

- Anorectal Manometry (testing only)
- Esophageal Manometry (testing only)
- Motility Clinic Evaluation
- Heartburn Clinic/TIF Evaluation
- Other (please specify): _____

Please include the following available records:

- Gastroenterology Clinic Notes
- Endoscopy Reports and Biopsy Results
- pH probe/Bravo Reports
- Imaging Reports (Esophagram, Upper GI Series, Contrast Enema, Abdominal X-rays)

Please send referral, insurance card, and all available reports to the information below and we look forward to assisting in the care of your patient.

Fax: 865-546-1123 Attn: Kelsey