



## Physician Order Form

PLEASE UPLOAD COMPLETED ORDER TO SHAREFILE FOLDER: GEBT COMPLETED ORDER FORMS  
FOR YOUR ACCOUNT  
OR

FAX COMPLETED ORDER TO: (615) 376-6384

**Include a copy of the patient's insurance information/card (front and back) and Photo ID with form**

Provider Name:	
Provider Location (Address):	
Provider NPI #:	Provider Phone:

**PATIENT INFORMATION**

Patient Name:		Date of Birth: (month / day / year) / /
Preferred Method of Contact:	Text: <input type="checkbox"/>	Mobile Phone:
	Email: <input type="checkbox"/>	Email Address:
Patient Shipping Address (cannot use P.O. Box):		

City:	State:	Zip:
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**PATIENT DETAILS (Required to calculate results)**

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	<p><b>The test meal is composed of 27 grams of scrambled egg mix containing 100 mg of <sup>13</sup>C-Spirulina, 6 Saltine Crackers and 6 ounces of water.</b></p> <p><b>Nutritional Information</b></p> <p>Ingredients (scrambled egg): Desugared whole eggs, Dry non-fat milk solids, Salt, Smoke Flavoring (Char Oil), <sup>13</sup>C-labeled Spirulina</p> <p>Ingredients (saltine crackers): Unbleached enriched wheat flour (wheat flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), canola oil, palm oil, sea salt, malted barley flour, baking soda, yeast.</p> <p><b>Meal Nutritional/Energy Values</b></p> <p>Fat 9.8g, Carb 18g, Fiber 0g, Protein 13g, Sodium 636mg. <b>230kCal.</b></p>
Height:	<input type="checkbox"/> inches <input type="checkbox"/> cm	
Weight:	<input type="checkbox"/> lbs. <input type="checkbox"/> kg	
Is patient diabetic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the patient allergic to any of the ingredients of the GEBT meal? (e.g., eggs, milk, wheat, spirulina)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My signature on this order attests to the medical necessity of use of the Gastric Emptying Breath Test (GEBT) to diagnose gastroparesis. This patient has symptoms consistent with gastroparesis. Evaluation by GEBT is needed to determine effective medical management and treatment for this patient.**

INSURANCE CODING REFERENCE GUIDE				
ICD 10				DESCRIPTION
R10.9				Other symptoms involving abdomen and pelvis: Abdominal pain, unspecified site
K31.84				Disorders of function of stomach: Gastroparesis
R11.2				Symptoms involving digestive system: Nausea with vomiting
K21.9				Diseases of esophagus: Esophageal reflux
R11.0				Symptoms involving digestive system: Nausea alone
K30				Disorders of function of stomach: Dyspepsia and other specified disorders of function of stomach (Achyilia gastrica; Hourglass contraction of stomach; Hyperacidity; Hyperchlorhydria; Hypochlorhydria; Indigestion; Tachygastria)
R10.13				Other symptoms involving abdomen and pelvis: Abdominal pain, epigastric
R11.10	R11.11	R11.12		Symptoms involving digestive system: Vomiting alone
R14.0	R14.1	R14.2	R14.3	Symptoms involving digestive system: Flatulence, eructation, and gas pain (bloating)
R68.81				General symptoms: Early satiety
R13.0	R13.10			Dysphagia, unspecified
R63.4				Loss of weight
R10.84				Abdominal pain, generalized
E11.9				Diabetes mellitus, Type II
R10.11				Abdominal Pain, right upper quadrant
R10.10	R10.2	R10.30		Abdominal pain, other specified site
K59.00				Constipation, unspecified
K52.2	K52.89	R19.7		Diarrhea
K29.70	K29.90			Unspecified gastritis & gastroduodenitis, w/o mention of hemorrhage
K44.9				Diaphragmatic hernia w/o mention of obstruction of gangrene
E11.40				Diabetes with neurological manifestations, Type II
K21.0				Reflux esophagitis
R12				Heartburn
R10.12				Abdominal pain, left upper quadrant
R93.3				Non specific findings on radiological & other exam of gastrointestinal tract
T18.2				Foreign body in stomach

### Diagnosis

Please enter the ICD 10 code(s) associated with this patient: