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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------|--|
|  <b>ORANGE REGIONAL MEDICAL CENTER</b><br>HEARTBURN CENTER BOOKING AND ORDERS SHEET |                                       | Completed form must be faxed to the ORMC Scheduling Office Inbound 845-333-1041                                                                                                                                      |                                           | Patient Label                  |  |
| PATIENT NAME:<br><u>Toni Ann Picone</u>                                                                                                                              |                                       | DOB:<br><u>10/27/1979</u>                                                                                                                                                                                            | SEX:<br><u>F</u>                          | Diagnosis:<br><u>dysphagia</u> |  |
| ADDRESS:<br><u>34 Mecca Drive</u>                                                                                                                                    |                                       | Referring Physician:<br><u>David Ellis, MD</u>                                                                                                                                                                       |                                           | Assistant:                     |  |
| <u>Salisbury mills, NY 12577</u>                                                                                                                                     |                                       | CPT CODE<br><u>91010 + 91037</u>                                                                                                                                                                                     | ICD 10 CODE<br><u>R13.10</u>              | PRE-CERT #:                    |  |
| HOME NUMBER                                                                                                                                                          | CELL NUMBER:<br><u>(845) 656-8027</u> | INSURANCE CO.<br><u>Empire</u>                                                                                                                                                                                       | INSURANCE ID NUMBER<br><u>890 441 644</u> |                                |  |
| PROCEDURE DATE <u>11/4</u>                                                                                                                                           |                                       | <input checked="" type="checkbox"/> Esophageal Manometry with Impedance <input type="checkbox"/> 24 Hour pH-Impedance <input type="checkbox"/> Anorectal manometry<br>CPT: 91010 & 91037    CPT: 91038    CPT: 91122 |                                           |                                |  |
| PROCEDURE ORDER FOR CONSENT:                                                                                                                                         |                                       |                                                                                                                                                                                                                      |                                           |                                |  |

 DIABETIC ☐ Yes ☒ No ON INSULIN ☐ Yes ☒ NO ON ANTICOAGULANT ☐ Yes ☒ No Type \_\_\_\_\_ HISTORY SLEEP APNEA ☐ Yes ☒ No

 ALLERGIES ☐ None Known ☐ LATEX ☐ Lidocaine: ☒ OTHER Phenergan, mefoxin

ALLERGIC REACTION:

#### MEDICATIONS

☒ Lidocaine 2% Viscous (20mg/1ml) topical application to mucous membrane

Additional Pre-testing orders

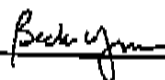
MELOE@yahoo.com

PHYSICIAN SIGNATURE /PRINTED NAME:



 TIME: 12:48p DATE: 10/31/19

STAFF SIGNATURE/PRINTED NAME:



 TIME: 12:48p DATE: 10/31/19
