

FOR HBTC LINX SCREENING ONLY



## LINX® Pre-Op Checklist

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring MD: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Symptoms: \_\_\_\_\_ How long? \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ (only for approval reasons)

| TEST                                    | Date | Results | MD |
|---|------|---------|----|
| EGD                                     |      |         |    |
| Manometry                               |      |         |    |
| Barium Swallow                          |      |         |    |
| pH – Bravo / 24 hr                      |      |         |    |
| Previous Abdominal / GI related Surgery |      |         |    |
| Medication therapy                      |      |         |    |

### Exclusions:

- Hiatal hernia (>3cm)
- Esophagitis – High grade
- Barrett's esophagus
- Esophageal motility disorder
- Previous gastro esophageal altering surgery
- BMI <35

Meets criteria for optimal LINX® results Yes / No

Referral made: Yes/No to MD: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_