



# Virginia Heartburn & Hernia Institute

*Minimally Invasive... Maximum Benefit*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

**Dr. G. Kevin Gillian, MD FACS**  
**Dr. Sophia Lee, MD FACS**

Signature: \_\_\_\_\_

8988 Lorton Station Blvd, Ste 202  
Lorton, Virginia 22079  
Phone: (703) 372-2280  
Fax: (703) 372-2024  
[www.virginiahernia.com](http://www.virginiahernia.com)  
[www.virginiaheartburn.com](http://www.virginiaheartburn.com)

History/Symptoms: \_\_\_\_\_

\_\_\_\_\_



### Reason for Referral:

- Abdominal Pain
- Achalasia
- Adhesions
- Adrenal Tumors
- Dysphagia
- Gallbladder Issues
  - Stones
  - Cholecystitis
  - Biliary Dyskinesia
- Diverticular Disease
- Splenectomy
- Colectomy
- GERD
- Hiatal Hernia
- Laryngopharyngeal Reflux(LPR)
- Paraesophageal Hernia
- Para Stomal Hernia
- Inguinal Hernia
  - Right
  - Left
  - Bilateral
- Incisional Hernia
- Sports Hernia
- Ventral Hernia
- Umbilical Hernia
- Minor Procedures
  - Lipoma
  - Scalp/Pilar Cysts
  - Sebaceous Cysts
  - Skin Biopsy
- Second Opinion Consult
- Other \_\_\_\_\_

We kindly ask you to fax over any pertinent information/testing(most recent office notes, UGI, EGD, CT, MRI, US, NM, labs, etc...) to our office regarding referral. Thank you.

\*\*\*Heartburn Center Evaluations – Esophageal Motility and 24hr. PH testing

To order testing only, please print and send the dedicated order sheet from the website  
<http://vhchealth.org/heartburn>

Email order to [HeartburnCenter@VHHealth.org](mailto:HeartburnCenter@VHHealth.org) or  
Fax order to (703)717-4374

