



Digestive Health Associates of Southwest Michigan, PC
DBA/ Gastroenterology of Southwest Michigan
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NAME: «Pt_Full_Name»

DATE: «Appt_Date»

Arrival time: _____

PROCEDURE: ESOPHAGEAL MANOMETRY/MOTILITY

You have an appointment with the GI LAB nurse at Borgess Hospital.

The appointment time and date appear above.

Please register at the desk in the Atrium on the ground floor off the ramp 1 hour prior to your appointment time.

Should any problems arise, if you must cancel your appointment, or have any questions, please call our office at (269)349-2266 during normal hours of 8:00am to 5:00pm.

Have nothing to eat after midnight the night before your procedure.

Have nothing by mouth 6 hours before the appointment time.

Please bring a list of present medications and drug allergies. Please contact us if you have an allergy to latex products.

MEDICATIONS

INSULIN Reduce the A.M. dosage by ½ on the morning of the procedure.

Please hold ALL other medications the morning of the procedure including all reflux/heartburn/ulcer medications and antacids. If you are on Prilosec, Prevacid, Aciphex or Protonix, please HOLD these medications the day of the procedure.

KNOW YOUR INSURANCE

Some insurance's require pre-certification for inpatient and outpatient procedures. The procedure you are scheduled for is an outpatient procedure. Please check with you insurance carrier to determine if you need pre-certification. If you do not obtain pre-certification and your insurance requires it, the cost of this medical procedure may become your financial responsibility.

Thank You.