



DIGESTIVE HEALTH ASSOCIATES OF SOUTHWEST MI, PC
dba GASTROENTEROLOGY OF SOUTHWEST MICHIGAN
3304 Cooley Court
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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 Outpatient Testing at Bronson Hospital.

The appointment time and date appear above.

Please register at Outpatient Testing in the West Pavilion on the 1st Floor at Bronson Hospital. The procedure will last approximately 1 hour.

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 12:00pm and 1:15pm 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 call the office if you have an allergy to latex products so precautions can be taken.

MEDICATIONS

INSULIN Reduce the A.M. dosage by 1/2 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