



DIGESTIVE HEALTH ASSOCIATES OF SOUTHWEST MI, PC
dba/GASTROENTEROLOGY OF SOUTHWEST MICHIGAN
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NAME: «Pt_Full_Name»

DATE: «Appt_Date»

TIME: _____

PROCEDURE: PH PROBE

You have an appointment with «Appt_Prov_Full_Name» 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 at the time listed above. 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 5:00pm.

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

Have nothing by mouth after _____.

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

1) INSULIN

Reduce the A.M. dosage by 1/2 on the morning of the procedure.

2) COUMADIN/PLAVIX

Or other anticoagulants. **STOP** five days prior to procedure.

Please contact our office for instructions 269-349-2266.

3) ANTI-INFLAMMATORY DRUGS

DO NOT take day of procedure.

4) IRON SUPPLEMENT

STOP two days before the procedure.

Attention:

If you are scheduled for a 24 Hour pH Probe: Please stop all reflux/heartburn/ulcer medications and antacids 3 days prior to your exam. (If you are on Prilosec, Prevacid, Aciphex or Protonix, please stop these medications 1 week prior.) You must hold taking these medications until after the probe is removed the following day at the hospital.

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.