PROCEDURE: ESOPHAGEAL MANOMETRY/MOTILITY

DATE:_____ ARRIVAL TIME: _____

You have an appointment with the GI LAB nurse at Outpatient Testing at _____ Hospital. The appointment time and date appear 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 Dept: 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 $\frac{1}{2}$ 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.