

Additional Instructions:

Esophageal Manometry / Motility Test

Online Instructions: <u>www.eehealth.org/services/gastrointe</u> <u>stinal/patient-instructions/</u>

Endeavor Health Gastroenterology

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• Your appointment is on: (day of the week) (date) AT 6:45AM.	
 You are scheduled to have your test done at: Elmhurst Hospital: 155 E. Brush Hill Road. Park in Green Lot, East Entrance. Go to the 2^r endoscopy. 	^{id} floor
*Please note the facility performing your procedure will contact YOU 48-72 hours pri date of service to instruct you on the mandatory COVID-19 testing, NOT OUR OFFICE	
For this test, you may be required to hold antacids (PPI's) for 7 days prior to this tes your provider's order.	st based on
NOTE : It is the patient's responsibility to check with the insurance company to see if pre-certificat required, as well as for any questions regarding benefits, out-of-pocket costs.	ion is
Procedure Code(s):91010 Diagnosis Code(s):	-
READ ALL OF THESE INSTRUCTIONS SEVERAL DAYS BEFORE YOUR SCHEDULED TEST DATE	
ONE DAY BEFORE THE PROCEDURE:	
 DO NOT: Smoke, eat, or drink anything after 6:45PM the evening prior to the procedure. DAY OF PROCEDURE: 	
 <u>During the test</u>: Manometry takes about an hour. Usually you lie down during the <u>After the test</u>: The doctor will need to review the tracings so the office will call one results are finalized which may take up to 7-10 business days. 	
TRANSPORTATION: No sedation is administered for this test, you may drive yourself to and from	om the
test. <u>WHAT TO WEAR:</u> Wear casual clothes. Please leave jewelry and valuables at home. You may we	ar your
eyeglasses. WHAT TO BRING: A picture ID, proof of insurance, list of your medications and allergies, and y referral form (if your insurance requires it).	our
Questions: If you have any questions, please do not hesitate to call us at 331-221-9003.	
** To cancel or reschedule, please contact the office <u>AT LEAST 5 Business days</u> prior t scheduled procedure at (331)-221-9003.	o your