

DIGESTIVE HEALTH CLINIC, LLC

Boise Gastroenterology Associates & Idaho Endoscopy Center

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**ESOPHAGEAL MANOMETRY (MOTILITY)
PATIENT INSTRUCTIONS**

PATIENT NAME _____

REGISTRATION TIME _____ DATE _____

APPOINTMENT TIME _____

Please report to the designated location at the "registration time."

APPOINTMENT LOCATION:

- () The Digestive Health Clinic, 6259 Emerald Street, Boise, Idaho.
- () St. Alphonsus Regional Medical Center, 1055 N. Curtis Road, Boise, Idaho, Surgery Center, Door S-2.
- () St. Luke's Regional Medical Center, 190 East Bannock Street, Boise, Idaho, 1st floor Admitting.

1. **Read all of the information we have given you.** If forms are enclosed with this letter, please fill them out and bring them with you. Also, please bring your photo ID and insurance cards.
2. It is not generally advisable to have this test if you have a cardiac pacemaker, pacemaker defibrillator, TENS unit or other electro-medical device unless your gastroenterologist has approved the test in your special circumstances. **PLEASE NOTIFY OUR OFFICE.**
3. **Do not eat any solid food after midnight** the night before the test. You may have clear liquids up to **four (4) hours** before the test.
4. **Do Not** take any medications that may affect how your digestive tract functions for three days before your study. Examples: Donnatol, Librax, Reglan,
5. If you have any questions, please contact our office (489-1900) and ask to speak to a nurse.

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www.digestivehealthclinic.com

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