

706-548-0058.

## **Athens Gastroenterology, PC Athens Endoscopy Center, LLC**

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Board Certified Gastroenterology & Hepatology
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## INSTRUCTIONS FOR PREPARATION FOR ESOPHAGEAL MANOMETRY

Patient N	ame:	DOB:	
Procedur	e Date:	Arrival Time:	AM/ PM
	Your procedure will be performed	at Athens Endoscopy, LLC in Suite 2 o	of our office.
*GENE	CRAL INFORMATION		
works d	geal Manometry studies are a very suring swallowing of food or liquidates and the valve at the bottom of the	s. The study records the contraction	ns of the entire
Do not	RE THE TEST* eat or drink anything for 6 hours vater during the test and you may		
*DAV	OF EXAMINATION		
> 1	Routine esophageal motility testing us Plan to be in the endoscopy facility 1-2	• • • • • • • • • • • • • • • • • • • •	to complete.
*AFTE	R THE TEST		
	You may return to your usual die trained physicians will review the		of our specially
	You may return to your normal a Endoscopy Nurse instructs other	_	ed unless the
*ОТН	ER INSTRUCTIONS		
			<del></del>
If you a	re unable to keep this appointment	or have any questions please conta	ct the office at