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BRAVO PH MONITORING INSTRUCTIONS

Patient's Name: _____ DOB: _____

Procedure Perform By: _____

Hospital: _____ Date: _____

Check In Time: _____ AM/PM

- Stop proton pump inhibitors (**PRILOSEC, PREVACID, ACIPHEX, NEXIUM, PROTONIX** and **ZEGERID**) 14 days prior to the procedure. H2 blockers (**ZANTAC, TAGAMET, PEPCID** and **RANITIDINE**) **7 days before the procedure.**
- Antacids (**TUMS ,MAALOX** and **GAVISCON**) 24 hours before the procedure.
- 1. **NO ASPIRIN, VITAMIN E, NON-STEROIDAL ANTI-INFLAMMATORY MEDICATIONS (ADVIL, ALEVE, IBUPROFEN, MOTRIN, NAPROXYN, EXEDRIN AND ANACIN), OR BLOOD THINNERS SUCH AS TICLID (DIPYRIDAMORE) or PLAVIX** for one week (**7days**) prior to the procedure.
- 2. **COUMADIN** should be stopped for five (**5**) full days prior to the procedure.
- 3. You are not allowed to drive yourself home after the test. Someone **MUST** be there to drive you home before the test begins.
- 4. Nothing to eat or drink from midnight on the night before the procedure.
- 5. Leave all jewelry and valuables, such as watches, rings and earring at home.

Procedures that are cancelled or rescheduled within 7 calendar days of the scheduled date will incur a \$25 fee. In the special event that a patient is scheduled within 14 days of the procedure, last minute cancellations will not be subject to the cancellation fee.

_____ Please initial here acknowledging you have read and understand above instructions.