

INSTRUCTIONS FOR 24 HOUR PH PROBE

Name: _____ Birthdate: _____

Procedure Date: _____ Time: _____ Place: _____ Report to Facility: _____

1. Do not eat or drink after midnight.
2. Special instructions will be given regarding your medications.
Special medication instructions: _____

3. In general, your physician wishes you to take all of your medications as usual. On the day of the procedure, take all of your medications at the usual time with a sip of water BUT AT LEAST TWO (2) HOURS BEFORE THE PROCEDURE, unless told otherwise.
4. You will be at the facility for about 1 hour.

Please phone RGAL if you have any questions and notify our office within 72 hours if you need to reschedule or cancel your procedure (717-544-3400). Failure to cancel your procedure within 72 hours will result in an additional charge.

Please allow 14 days before calling the office for your test results.

THANK YOU.

Nurses signature: _____

Date: _____

