



PRECISION

CARDIAC & VASCULAR CARE

Patient name: _____

Procedure Date: _____ Arrival Time: _____
Procedure Time: _____

Location of test: **Trinity Cardiovascular Care**

**1018 E. Wheatland Rd
Duncanville, TX 75116**

INSTRUCTIONS FOR CARDIOVERSION

1. Do not eat or drink after midnight the night before
2. If you use insulin at bedtime do not take it the night before or morning of procedure
3. If you take oral medicine for diabetes do not take it on day of test
4. Continue all other medicines as scheduled. You may take medicines with sips of water
5. You may go home same day or the next day.
6. Arrange for someone to drive you home on discharge.

Signature _____

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