

Signature

I	Patient name: DOB : _	
I	Procedure Date: Arrival Time: Procedure Time	
Location oftest: Location of test: Charlton Hospital /Methodist Mansfield Check in at the PCIU: Park in the maternity parking lot, there is a designated cardiac cath lab parking. When you come in the doors at maternity you will go left until you reach the F elevators. Turn right at the elevators and then turn left on the carpet. If you arrive before 8:30am you will need to press the doorbell located next to the door. This will notify the PCIU staff you are here. After 8:30am you may enter and approach the desk.		
INSTRUCTIONS FOR CATH / ANGIOGRAM		
1.	<b>D</b> o not eat or drink for 8 hours prior to the test.	
2.	If you use insulin at bedtime do not take it the nigh	t before or
	morning of procedure.	
3.	If you take oral medicine for diabetes do not take it	on day of test.
4.	If you take Aspirin, Plavix(clopidogrel), Efficient or will remain on this medication.	Brilinta you
5.	If you take Warfarin, Coumadin stop it 5 days prio	r to
	procedure. If you take Pradaxa, Xarelto or Eliquis	stop it 2 days
	prior to procedure.	
6.	Hold the following medications prior to the procedu	ıre
7.	Continue all other medicines as scheduled. You ma medicines with sips of water.	y take
8.	Please do not apply lotions before procedure.	
9.		·ge.