

Patient name:	DOB:
Procedure Date:	Arrival Time: Procedure Time:
Location of test:	<u>Trinity Cardio Vascular Care</u> 1018 E Wheatland Rd, Duncanville, TX 75116
II	NSTRUCTIONS FOR CATH/ANGIOGRAM
 If you use insof procedure. If you take or If you take A remain on thi If you take W you take Pracedure	ral medicine for diabetes do not take it on day of test spirin, Plavix(clopidogrel), Effient or Brilinta you will s medication. Varfarin, Coumadin stop it 5 days prior to procedure. If daxa, Xarelto or Eliquis stop it 2 days prior to procedure. owing medications prior to the other medicines as scheduled. You may take medicines water. apply lotions before procedure.
Signature	