

HOSPITAL PROCEDURE INSTRUCTIONS

Patient: _____ DOB _____

Date of Procedure: _____

Arrival Time: _____ (Unless instructed differently by the doctor's office)

If you have questions or need to reschedule your procedure, please call 816-221-6750 and ask for Procedure Scheduling at Northland Cardiology, Ext. 6566 or 6582.

Remember:

- Nothing to eat or drink after midnight
- Please bring all your medications with you to the hospital
- You may take your medications the morning of your procedure with a sip of water – unless otherwise instructed
- Bring an overnight bag (not necessary for TEE or Tilt Table)
- You will need a driver to take you home

<p>You are scheduled for the following procedure in the 2nd Floor Cath Lab</p> <ul style="list-style-type: none"><input type="checkbox"/> Ablation<input type="checkbox"/> Electrophysiology Study (EP Study)<input type="checkbox"/> Pacemaker Implant<input type="checkbox"/> ICD/Defibrillator Implant<input type="checkbox"/> BI-Ventricular: Pacemaker/Defibrillator<input type="checkbox"/> Generator Change: _____<input type="checkbox"/> Cardioversion	<p><u>Directions To the Cath Lab:</u></p> <p>Park in the Pavilion Garage.</p> <p>Take the garage elevator to the 2nd Floor. Walk across walkway and into the Pavilion.</p> <p>Go straight ahead, around the escalators and follow the signs to the Cath Lab.</p>
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<p>You are scheduled for the following procedure:</p> <ul style="list-style-type: none"><input type="checkbox"/> Transesophageal Echocardiogram (TEE)<input type="checkbox"/> Tilt Table	<p><u>Directions to the Cardiology Department:</u></p> <p>Park in the Pavilion Garage.</p> <p>Take the garage elevator to the 2nd Floor. Walk across walkway and into the Pavilion.</p> <p>Turn left and follow the hallway into the Cardiology Department.</p>
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