

Your
Hospital's
Logo
Here

INSTRUCTIONS FOR PATIENTS HAVING ARTERIOGRAM (ANGIOGRAM)

PATIENT:	DOCTOR:
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1. You are scheduled for _____
at Xxxxxx Hospital on _____ (Date) _____ (Time)

2. Prior to your procedure, there are necessary preparations that must be done. You will need to have Laboratory blood work performed. Please call Ms. Post (202/555-1212) -or- go directly to Your Hospital's Operating Suites (1st floor, adjacent to the Cafeteria), ask to see Ms. Post to get your blood drawn and register.

3. Bring a list of all the medications you are currently taking.

4. **MEDICATIONS:**

- a) **DIABETIC PATIENTS** - ALL insuline and oral hypoglycemic pills should be held the day of the procedure. Any patients taking Glucophage, call the Radiology RN (Judy or Bart at 202/555-1212) for instructions.
- b) **PATIENTS ON ANTICOAGULANTS** - Plavix, Coumadin or other platelet aggregate inhibitors should be held for 7 days prior to procedure.
- c) All other medications should be taken on a regular schedule with a sip of water, except for Diuretics and Aspirin. Diuretics and Aspirin should be held the day of the exam.
- d) If you have an allergy to the IV Radiology / Contrast Dye, please notify the Radiology RN (Judy or Bart at 202/555-1212) for further instructions prior to your exam.

5. **NURSING HOME PATIENTS ONLY:**

Referring Physicians will need to call the Nursing Home directly to have all pre-performance laboratory blood work performed. Please notify the responsible person to sign Consent (if applicable).

Phone #: _____

6. **OTHER IMPORTANT REMINDERS:**

- a) **DO NOT** eat or drink ANYTHING after midnight the night before the morning of your procedure. Do NOT eat breakfast ... no candy ... no chewing gum ... NOTHING!
- b) You will need someone to drive you home after your procedure. Your driver needs to be an adult, over 18 years of age, who is physically able to assist you.
- c) Wear comfortable clothes. Leave your jewelry and valuables at home. You will need your insurance card and Photo ID the morning of your procedure.
- d) If you have any special needs or concerns that we should know about? If so, please list them below:

e) We want your stay to be as pleasant as possible.

7. If you have any questions concerning your procedure, you may call or talk to one of the Nurses at xxxxxxx Hospital's Goffredi Operating Suites (202/555-1212) or the Radiology RN (202/555-1212), during the hours of 8:00am - 4:00pm, Monday through Friday.

PATIENT'S SIGNATURE:	DATE:
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WHITE Copy = Chart YELLOW Copy = Patient