



7100 Orchard Centre Dr, Holland, OH 43528
(419) 866-2000

Patient name: _____

Procedure Date: _____ arrive at _____

DO NOT EAT OR DRINK 8-10 HOURS PRIOR TO YOUR PROCEDURE AT: _____

Please take your medications as directed with a sip of water.

**** IF YOU ARE DIABETIC:** and take Glucophage, Glucovance, or Metformin, **DO NOT** take the morning of your procedure or 2 days after the procedure. If you take any other oral medications not listed above, please take the morning of procedure with a sip of water just enough to wash the pills down. Please notify our staff for all types of diabetic medications. Some medications may need to be held or changed around the time of your procedure. If you take **INSULIN**, you may take ½ of your **normal** insulin dose the morning of your procedure If your blood sugar level is 200 or higher. Otherwise bring all home insulin supplies with you and we will choose how much insulin to give you upon arrival. Please notify us if you have any allergies to any contrast dye, Iodine or shellfish. Please notify us if you have any implants, pacemaker or ICD.

PRE-OP ARTERIOGRAM INSTRUCTIONS

- You must have medical clearance from your Primary Care Physician (PCP), ECG and lab work completed within two (2) weeks of your procedure.
- If you have any heart condition you must have a cardiac stress test completed, with possible cardiac clearance requested if there are any findings on the stress test.
- **Bring All Home medications with you on the day of your procedure, including all insulin supplies.**
- Take all pre-procedure medications as prescribed.
- If you are uncertain about when to arrive, what medications to take, or are given any unclear instructions, please call the office at (419) 866-2000 ask to speak to an RN.
- If you are on Coumadin/Warfarin, Plavix, Aspirin any **blood thinners** we would like you to discontinue taking it 1 week prior to your procedure. Please call the doctor that orders this medication for you, and ask if he/she is alright with this. **STOP COUMADIN ON:** _____.
- **Have someone drive you to and from the procedure.**
- **Your responsible party/driver must be present at least 1 hour prior to discharge to discuss care with the nurse and patient. If your driver is not present upon discharge transportation will be called for you at your expense.**

PATIENT SIGNATURE: _____