



Cardiology of San Antonio, P.A.

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PROCEDURE being performed:

Heart Catheterization TEE Pacer/AICD Tilt table

Other: _____

Hospital: St Lukes Christus Methodist

Date:

*Be in the admitting office by : _____

*Estimated time of procedure: _____

*Nothing to eat or drink to include medications and smoking 6 hours before procedure time

*What allergies does patient have? (If allergic to Iodine consult with Dr Reyes for pre med):

*Is patient on Coumadin Yes No (If yes consult with Dr Reyes for instructions)

*Females only: Are you pregnant or suspect that you may be pregnant____
(If yes see Dr Reyes for further instructions)

*You will need someone to drive you home after your procedure

*Shower at least the night before your procedure.

*Do not take valuables such as jewelry and large sums of money to hospital.

*Take your medical insurance and photo ID cards with you to the admitting office.

*Pack a small overnight bag, depending on the outcome of your procedure you may be required to spend the night.

Patient Signature Date