

Dear Patient:

You are to report to **St. Joseph's Hospital Health Center** on _____ at _____ am/pm.

On that day, you are scheduled for:

- Outpatient cardiac catheterization. Please be prepared to be there all day. You will not be able to drive yourself home from this procedure so please make arrangements ahead of time.
- Catheterization with possible or planned intervention. Please be prepared to stay overnight if an intervention is performed. You will not be able to drive yourself home from this procedure so please make arrangements ahead of time.

Registration:

Please report to the Patient Registration/Cashier window to the left in the Main Lobby on the day of your procedure. If you need a wheelchair, please ask. There is a circular driveway located at the entrance of the hospital where patients can be dropped off.

Regarding your procedure:

DO NOT EAT ANYTHING AFTER MIDNIGHT the night before your procedure. Bring a current list of all your daily medications, including name, dose and how often you take them. Do not stop any of your medication. You may drink small amounts of water with your medication the day of your procedure.

Please notify your physician if you are currently taking:

Insulin
Glucophage/Glucoavance
Coumadin

Allergies:

Notify your physician if you have any known allergies (especially dye, iodine, shellfish or LATEX) so that we can pre-medicate you or make the needed arrangements.

Insurance:

Please bring a current insurance card with you for the hospital charges. The staff may need to copy it the day of your procedure. Call your insurance company (not Medicare or Medicaid) to let them know about your hospital visit. Many insurance companies now need to pre-authorize any services.

Any questions, please contact your physician if you have any questions.