Patient Information and Physician Order Sheet

Memorial Cardiology Services

C3

Patient Name: _____ **Patient DOB:** _____
(Please bring this sheet with you at time of service.)

Appointment Date: _____ **Arrival Time:** _____ **Procedure Time:** _____

Diagnosis (ICD Code Required): _____

_____

Ordering Physician (Signature): _____

(Printed): _____

(Date): _____ (Time):_____

Procedure Scheduled: TRANSESOPHAGEAL ECHOCARDIOGRAM

Prep: Please arrive 2 hours before your scheduled procedure. Please arrange for a ride home after the procedure as you may be drowsy and unable to drive safely.

About your procedure: Please do not eat or drink anything for 4 to 6 hours before your procedure. If your test is in the AM, please do not take morning medications. If the appointment is in the PM, you may take your morning medications with sips of water. Bring a list of current medications with you and alert the staff of any allergies you may have to medications or sedatives. Inform your physician if you have ulcer, hiatal hernia or problems swallowing at the time the test is scheduled and again at the time of testing. If you have any questions on how this procedure is done, please call 647-3056.

How to find us: **Free** valet parking is available for patients at the Main Entrance, or you may park in the Bartlett Street Parking Ramp (see map). Cardiology Services will validate your parking stub. When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital to the rear of the Information Desk (see maps). From there, you will be directed to Cardiology Services. If you have any questions, please ask the Main Entrance Information Desk. If you need any assistance regarding scheduling, please call 647-7700.

647-7700

Memorial
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