STILLWATER MEDICAL CENTER Cardiac, Peripheral, and 4 Vessel Catheterization

J. Bryan Harris, DO Melchor Lim, MD Shyam Poludasu, MD

Patient Name:	DOB:	
Arrive at the main lobby of Stillwater Medical Ce	nter on	_ at

To prepare for your procedure, please follow these instructions:

- 1. Wear loose comfortable clothing
- 2. Have an adult available to drive you home
- 3. Do not eat or drink anything as instructed
- 4. Bathe or shower the evening before and the morning of your procedure. Pay special attention to the groin area on both sides.
- 5. Notify Dr. Lim/Poludasu/Harris office if you develop any changes in your physical condition prior to your procedure including colds, fever, cough, flu symptoms, rashes, or sores.
- 6. Please bring all of your medications in their original pharmacy bottles with you on the day of surgery. This allows nurses to confirm your dosages and ensures that these medications are available should you need to use them during your stay with us.
- 7. Leave jewelry and valuables at home. You may wish to bring a few personal toiletry items with you.
- 8. Do not wear make-up, lotion, oils, powder, or contact lenses.
- 9. Unless otherwise instructed by your doctor, follow the medication instructions below:
 - Do not take any medications containing glucophage/metformin the night before, the day of your procedure, and two days after your procedure. (This includes Glucovance, Avandamet, Metaglip, Actoplus Met, Janumet, Kombiglyze)
 - If you take a water pill (diuretic), do not take it the morning of the procedure...
 - If you take Coumadin/Warfarin/Pradaxa/Xarelto/Eliquis, follow your doctors instructions on when to stop taking this medication prior to your procedure and when to start it back after your procedure.
 - Take all other medications as usual including aspirin, Plavix, Brilinta, Effient, unless otherwise instructed by your doctor.

/	Date	Time
Signature of Person Giving Instructions	Date	Time
Original to Medical Records, Copy to Patient		

Reviewed/Revised: 6/12, 4/17/13, 11/2/13, 4/17/14, 4/21/14, 6/25/15 Reference:

For Use On:

STILLWATER MEDICAL CENTER

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Patient Label (Pt Name, V#, MR#, DOB, DOS, Age, Sex, Loc, Physician)