

Patient Instruction Sheet

Patient Name: _____

Procedure: **Cardiac Catheterization, Angiogram, Intervention**

Procedure Date: _____

Procedure to be performed by: ***Dr. Ziad Abbud, Dr. Isaac Tawfik, or Dr. Beverly Demchuk***

Procedure being performed at: **Jersey Shore University Medical Center, 1945 Corlies Avenue (Route 33) Neptune, NJ 07753**

Jersey Shore University Medical Center will contact you after 5:00pm the night before your procedure to instruct you where and at what time to arrive for your procedure. If the hospital does not call by 7:30pm the night before your procedure, please call 732-775-5500 and ask for the Admitting Department. Someone is in the Admitting Department 24 hours and they will be able to advise you where and at what time to report to the Hospital.

Please do not eat or drink anything after midnight the day of your procedure.

If you are on Diabetic Medications, please hold your Diabetic Medications the morning of your procedure.

If you are on Coumadin (Warfarin), Pradaxa, Xarelto, or Eliquis please stop it 3 days prior to your procedure. ***STOP ON: _____***

You will need a ride home from the Hospital. If a stent is placed, you will stay overnight.

Should you have any questions or concerns, please call our office at 732-663-1123 and speak with Briane.

Please have the following Pre-Admission testing done at least 4 days prior to your procedure. Thank you.

Blood Work_____ **EKG**_____ **Chest XRay**_____