

Patient Instruction Sheet

Patient Name: _____

Procedure: **TEE, TEE-CV, DC-CV, Tilt Table Test**

Date: _____ Arrival Time: _____

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

Procedure being performed at: **Jersey Shore University Medical Center: 1945 Corlies Avenue, Neptune, NJ 07753 (732-775-5500)**

Please Report to Outpatient Registration in the Amdur Ambulatory Care Dept.

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.

You will need a ride home from the Hospital.

Should you have any questions please call our office at (732) 663-1123 and speak with Briane.

Please have the following Pre-Admission Testing completed at least 3 days prior to your procedure. Thank you!

Blood Work: _____ **EKG:** _____ **Chest Xray:** _____