

Carotid Angiogram Patient Instructions

Patient Name: _____

Procedure Date: _____

Procedure to be performed by: **Ziad Abbud, M.D., F.A.C.C.**

Procedure Being Performed at: **Riverview Medical Center, 1 Riverview Plaza, Red Bank, NJ 07701**

Riverview Medical Center will contact you by 3:00pm the day before your procedure to instruct you where and at what time to arrive. If they do not call by 3:30pm, please call them at 732-530-2284.

You must Pre-Register by calling 732-530-2444 after your procedure has been scheduled by our office. Please have insurance information available.

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, or Xarelto please stop it 3 days prior to your procedure. **Stop on: _____**

You will need a ride home from the Hospital.

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

Please have the following Pre-Admission Testing performed at least 4 days prior to your procedure.

Blood Work_____ **EKG**_____ **Chest Xray**_____