St Luke's™
Idaho Cardiology Associates

INSTRUCTIONS TO PATIENTS HAVING A CARDIOLOGY PROCEDURE

Patient's Name: _____

Procedure: _____

_____

❑ **Hospital: ST. LUKE'S R.M.C.**

❑ **Information Desk – Lobby level**

❑ **Admitting Office – Lobby level**

❑ **Hospital: ST. LUKE'S MERIDIAN**

❑ **Hospital: HOSPITAL ENTRANCE –** CATHETERIZATION LAB, SECOND FLOOR

Admit Date/Arrival Time: _____

❑ **Hospital: ST. ALPHONSUS R.M.C.** 3rd FLOOR NORTH TOWER

Preadmission Date/Time: _____

Admit Date/Arrival Time: _____

Diet: ❑ NPO: nothing to eat or drink after midnight

❑ As directed: _____

Medications: Take your medications with sips of water the morning of the study as directed by the doctor. Bring all of your medicines to the hospital with you.

❑ **Special instructions:** _____

_____

_____

Please make arrangements for someone to drive you home.

❑ **Physician:** _____ **Instructions Given By:** _____

❑ Patient voiced understanding of all instructions given

Responsible party (name: _____) voiced understanding of all instructions given

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 322-1680

❑ Instructions given by phone

❑ Copy sent to patient

❑ Copy to chart