



PRE CATHETERIZATION INSTRUCTIONS

Appointment Date & Time: _____
(Cath Lab will Call the day before for ARRIVAL TIME)

You may eat a light breakfast before your procedure (I.E. toast, cereal, coffee, tea or juice is acceptable). Please take all of your usual medications prior to coming to our office, unless otherwise instructed.

****Asprin and Plavix are okay to take as well.**** If your daily dose has been taken the day of the procedure please inform the staff.

We will require that you have lab work prior to your procedure. This is mandatory and needs to be done no later than: _____. Upon receipt of these results we will contact you if needed.

Are you allergic to shellfish or iodine? YES NO

* If yes, you will be given a prescription for Prednisone. You will take 60mg (3 tablets) the night before the procedure and 60 mg the morning of the procedure.

Are you diabetic? YES NO

* If yes and you are taking Glucophage, Glucocance, Janumet or Merformin, please do not take this medication after _____ (48 hours prior to the procedure). Insulin patients- we ask that you take ½ (one-half) of your regularly prescribed dose the morning of the procedure (**ONLY IF NEEDED**).

Are you taking Coumadin, Warfarin, Pradaxa, Xarelto, or Eliquis? YES NO

* If yes, please do not take this medication after _____ (72 hours prior to the procedure).

If you become ill or start running a fever 24 hours prior to the procedure, please call our office at **(352) 547-3388** as we may need to reschedule this appointment.

You must have someone drive you home and stay with you for **24 hours** after the procedure. After your procedure we will be placing a pressure dressing on your groin that will stay in place for 24 hours. You will be unable to take a shower during that time; therefore, we ask that you take a shower prior to your procedure. This will also reduce the risk of infection.

You could be in our office for up to 8 hours. The person that will be driving you does not need to stay in our office the entire time, but is welcome to if they wish. If they choose to leave, we ask that they leave a telephone number so we may contact him/her when you are finished.

Please do not wear nail polish, acrylic nails, or jewelry the day of the procedure. Please wear comfortable clothing and slip on shoes. A nurse may be assisting you get dressed, as **you will not be allowed to bend over.**

Patient Name: _____ DOB: _____

Patient Signature: _____

Today's Date: _____ Witness Initials: _____