

Springfield Clinic Cardiology

Procedure Instructions

Location of Procedure:

_____ Memorial Medical Center: 1st Street & Miller Street

_____ St. John's Hospital: 5th Floor – Prairie Heart Institute: 619 E. Mason St.

Date/Time of Procedure:

_____ : ____AM/PM We ask that you arrive at ____:____ AM/PM

You will be having a/an: _____

Instructions:

1. Please arrive at: Memorial Medical Center's 1st floor lobby area
 St. John's Prairie Heart Institute 5th Floor
2. No food or drink after: ____:____AM/PM
3. Please stop taking the following medications:
 - a. _____ Date to Stop: _____
 - b. _____ Date to Stop: _____
 - c. _____ Date to Stop: _____
 - d. _____ Date to Stop: _____
4. Please bring a complete list of ALL medications and your insurance cards.
5. Please bring anything that you must have with you for an overnight stay. Please **DO NOT** bring valuables with you.
6. Please make arrangements for someone to drive you to/from the procedure.

Provider Signature: _____ Date: _____

Please call your Springfield Clinic Cardiologist's office at 217-528-7541 with any questions you may have regarding your procedure.