

# Instructions for Testing



**Test Name:** **CARDIAC CATH**

Parkwest Medical Center  
9352 Parkwest Blvd, Knoxville, TN 37923

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PROVIDER: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_

APPOINTMENT TIME: \_\_\_\_\_

## PLEASE FOLLOW THESE INSTRUCTIONS:

- ▶ DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR CARDIAC CATH.
- ▶ You will need to have someone present during the procedure and available to drive you home at the time of discharge.
- ▶ Please pack an overnight bag for possible stay.
- ▶ Take prescribed medications as you normally do with a SMALL amount of water unless you are on a blood thinner or are diabetic.
- ▶ If you are a diabetic, please ask for special instructions.
- ▶ If you are on a blood thinner, please ask for special instructions.
- ▶ If for any reason you cannot keep your appointment, please call us 24 hours prior to your scheduled time.

**To Reschedule or for Additional Questions Please Call:**

Athens, Decatur, Oneida, and Parkwest Offices: 865-373-7100

Lenoir City Office: 865-988-9970

Patient Signature: \_\_\_\_\_ Initials: \_\_\_\_\_