

Instructions for Testing



Test Name: **CARDIOVERSION**

Parkwest Medical Center

9352 Parkwest Blvd, Knoxville, TN 37923

Fort Loudon Medical Center

550 Fort Loudoun Medical Center Drive, Lenoir City, TN 37772

DATE: _____ / _____ / _____

PROVIDER: _____

ARRIVAL TIME: _____

APPOINTMENT TIME: _____

PLEASE FOLLOW THESE INSTRUCTIONS:

- ▶ DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR CARDIOVERSION.
- ▶ 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 cancel or reschedule. 865-374-6200

To Reschedule Please Call:

Centralized Scheduling: 865-374-6200

For Additional Questions Please Call:

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

Lenoir City Office: 865-988-9970

Patient Signature: _____ Initials: _____