

# Patient Information and Physician Order Sheet

Memorial Cardiology Services

C13

**Patient Name:** \_\_\_\_\_ **Patient DOB:** \_\_\_\_\_

(Please bring this sheet with you at time of service.)

**Appointment Date:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_ **Procedure Time:** \_\_\_\_\_

**Diagnosis** (ICD Code Required): \_\_\_\_\_

**Ordering Physician** (Signature): \_\_\_\_\_

(Printed): \_\_\_\_\_

(Date): \_\_\_\_\_ (Time): \_\_\_\_\_

## **Procedure Scheduled: RADIO FREQUENCY ABLATION**

**About your procedure:** Please do not EAT or DRINK ANYTHING after midnight before your procedure. Ask your physician about which of your current medications you should take (or not to take) before the procedure. Bring a list of you current medications with you. You will need to lie flat on your back for 4 to 6 hours after the procedure. Please plan to spend the night at Memorial Hospital and make arrangements for a ride home the next day.

**How to find us: Free** valet parking is available for patients at the Main Entrance, or you may park in the Bartlett Street Parking Ramp (see map). Cardiology Services will validate your parking stub. When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital to the rear of the Information Desk (see maps). From there, you will be directed to Cardiology Services. If you have any questions, please ask the Main Entrance Information Desk. If you need any assistance regarding scheduling, please call 647-7700.

**647-7700**

**Memorial**  
Hospital of South Bend\*  
*Quality of Life*