



DEPAUL HEALTH CENTER **TRANSESOPHAGEAL ECHOCARDIOGRAM**

Your procedure has been scheduled for **DePaul Health Center** on _____ at _____ am / pm.

You will need to arrive at outpatient registration department by _____ am / pm.

INSTRUCTIONS:

PLEASE NOTE THAT IF FOR ANY REASON THE FOLLOWING STEPS ARE OVERLOOKED IT MAY BE DETERMINED FOR YOUR SAFETY THAT YOU RESCHEDULE THE PROCEDURE.

1. **NOTHING** to eat or drink after midnight the night prior to the procedure.
2. You **MAY** take all other medications that do not require food, with small sips of water.
3. **YOU WILL NEED SOMEONE TO DRIVE YOU HOME.** You will be sedated for this procedure, therefore failure to have someone with you **WILL** result in rescheduling the procedure.

Sundeep Das M.D., F.A.C.C. • **Rafiq Ramadan** M.D., F.A.C.C, F.S.C.A.I. • **Abdul Razzaq** M.D.
Usman Qayyum MD, F.A.C.C. • **Harvey Serota** M.D., F.A.C.C., F.S.C.A.I.
Toniya Singh M.D, F.A.C.C. • **Mohammad Tahir** M.D., F.A.C.C.
Hari Thanigaraj M.D, F.A.C.P, F.A.C.C, F.S.C.A.I, F.A.S.E • **Gil Vardi** M.D., F.A.C.C, F.S.C.A.I
11155 DUNN RD • SUITE 304E • SAINT LOUIS, MISSOURI 63136
12277 DEPAUL DR • SUITE 503 • BRIDGETON, MISSOURI 63044
2118 WASHINGTON • GRANITE CITY, ILLINOIS 62040
PHONE: 314-741-0911 • 314-739-9618 • 618-876-8214 • 888-741-0911
FAX: 314-741-0501 • 314-739-9727 • 618-451-9111

www.slhv.com