



DEPAUL HEALTH CENTER **TILT TABLE TEST**

Your tilt table test has been scheduled at **DePaul Health Center** on

_____ at _____ am / pm.

You will need to arrive at the Outpatient Registration Department by _____ am / pm.

INSTRUCTIONS:

PLEASE NOTE 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 your exam.
2. You may take all medications that are not required to be taken with food, with small sips of water.
3. **YOU WILL NEED SOMEONE TO DRIVE YOU HOME.** 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 Scrota** 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