



## **GATEWAY REGIONAL MEDICAL CENTER** **TRANSESOPHAGEAL ECHOCARDIOGRAM**

Your procedure has been scheduled for **Gateway Regional Medical 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.

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