



Dr. Alkotob Dr. Abed Dr. Issawi

**6122 West Pierson Rd
Unit 1
Flushing, MI. 48433
(810) 600-3399
(810) 600-3398 Fax**

To: _____ Date: _____

Arrangements have been made for your outpatient DC CARDIOVERSION on:

(date and time of scheduled procedure)

Sign in at the hospital indicated below promptly at _____ A.M. / P.M.

_____ McLaren Regional Medical Center, Patient Registration on the 1st floor, 401 S. Ballenger Hwy., Flint, MI

_____ Hurley 1st floor admitting, 1 Hurley Plaza, Flint, MI

_____ Genesys 1 Genesys Pkwy, Grand Blanc, MI 48439

PATIENT INSTRUCTIONS

1. You are being scheduled for the conversion of an irregular heart rate rhythm by you doctor.
2. This procedure will be done while you are asleep.
3. In order to safely do this procedure it is necessary that you have nothing to eat or drink 6 hours prior to your procedure. A light breakfast consisting of clear liquids along with your regularly schedule medications is acceptable and then nothing to eat or drink 6 hours before your procedure.
4. You need to be on Coumadin (Warfarin) for at least 3-6 weeks prior to procedure.
5. Continue your usual medications.
6. You can anticipate remaining in the hospital for at least six hours after the procedure in order that your doctor may monitor you for any further irregular heart beats.
7. Upon discharge from the hospital, you will be given discharge instructions by your nurse. Please call the office you schedule an appointment to follow up with your physician.