



Dr. Alkotob Dr. Abed

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

To: _____ Date: _____

Arrangements have been made for your Transesophageal Echocardiogram (TEE) on

_____ (date and time of scheduled procedure)

Sign in no later than _____ AM/PM at:

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

_____ Hurley Medical Center 1st floor Admitting

_____ Genesys Regional Medical Center 1 Genesys Pkwy, Grand Blanc, MI 48439

There is nothing to eat or drink after midnight prior to procedure. You may have a couple sips of water with your medications in the morning.

Continue taking all of your medications. Please bring your medications with you along with a list of the medications you take.

If you are diabetic, do NOT take your insulin or oral hypoglycemic the morning of the procedure unless otherwise instructed by our office.

Someone must accompany you to the hospital and take you home after the procedure. Results will be discussed with you before you are discharged.