



To: _____ Date: _____
Arrangements have been made for your outpatient

_____ Loop recorder implant (implant there **1 hr** before procedure)

_____ Loop recorder explant (explant be there **2 hrs** before procedure)

(Date and time of scheduled procedure)

Sign in at the hospital _____ A.M / P.M.

_____ McLaren Regional Medical Center, **Patient Registration on the 1st floor**

_____ Hurley Main Floor 1st Floor Admitting

_____ Genesys Regional Medical Center

1. If you take Coumadin or Warfarin **stop** taking it 4 full days prior to the procedure.
2. If you take Eliquis, Pradaxa, Xarelto, or edoxaban (SAVAYSA) **stop** taking it one full day prior to the procedure and the day of.
3. Continue taking all your other medications. Bring your medications (or an updated list) with you the day of your procedure.
4. Do not eat or drink after midnight the night prior to the procedure.
5. Enclosed are the pretest orders to be done 3 to 7 days prior to the procedure.
(loop implant no blood work needed)