

Truong D. Duong, MD

Cardiac Electrophysiology



Office (877) 773-8664 • Fax (877) 773-8640

General Procedure Instructions

- Our procedure scheduler will be contacting you, after obtaining precertification or authorization from your insurance, to set up a procedure date, time and hospital location. Please note that pre-certification is not a guarantee of payment. Please contact your insurance company yourself to verify coverage and benefits and any out-of-pocket expenses that you may be responsible for paying such as deductible and co-insurance.

Procedure Date: _____ Arrival Time: _____

Location: _____

- Recent labs, within 7 days of the procedure, are a pre-procedure requirement. Please let the procedure scheduler know where you usually obtain labs so that a lab requisition can be sent to the facility of your choice. *If procedure is done at San Antonio Community Hospital, labs can be done when pre-registering in person.

Lab Facility: _____ Appointment Date: _____

Appointment Time: _____

- Please verify your current medications with your procedure scheduler and ask which medications will need to be temporarily discontinued for the procedure. Some medications such as **Coumadin/Warfarin**, will require cessation for several days prior.

Medication(s) to be Discontinued: _____

Date: _____

- Pre-Admission/Registration is required at **ALL** hospitals. Please contact the following number that corresponds with your facility, **AT LEAST 5** days prior to your scheduled procedure. Please note that failure to pre-admit or register will be subject to *cancellation* of your procedure. San Antonio Community Hospital requires you to register in person at their pre-op center which can only be done by appointment **ONLY**.

Riverside Community Hospital: (951) 788-3331

San Antonio Community Hospital: (909) 920-4924 Pre-Op Date: _____ Time: _____

*If Hospital is not listed, it will be given to you by the procedure scheduler

Other: _____

Truong D. Duong, MD

Cardiac Electrophysiology



Office (877) 773-8664 • Fax (877) 773-8640

- Plan to be at the hospital overnight (excludes non-invasive procedures).
- You will receive a call from our procedure scheduler the day before your procedure to address any questions/concerns.

Pre-Procedure Instructions

- Please do not eat or drink **ANYTHING** after midnight. If you have an afternoon procedure, please do not eat or drink 8 hours prior to the scheduled time. No gum or breath mints as they stimulate acid in the stomach.
- Please bring insurance cards and a drivers license with you.
- Please arrive at the time given to you by the procedure scheduler, **NOT** at the procedure time. This usually is 2 hours prior to the procedure but varies upon what type of procedure you are undergoing. Delay in arrival time may result in *cancellation* of your procedure.
- Please do not bring child(ren) that cannot wait unattended in the waiting room.
- Please arrange to have a relative or friend to drive you home after the procedure.
- **APPOINTMENT:** This procedure appointment has been reserved specifically for you. If for any reason the appointment cannot be kept, kindly notify us at least 48 hours in advance to release the time for another patient.