ELECTROPHYSIOLOGY AND PACING INTERVENTIONALISTS

3433 Agler Road, Suite 2400
Columbus, OH 43219
(614)428-5553
Columbus, OH 43228
(614)228-0491
Newark, OH 43055
(614)252-7561
www.epiohio.com

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ECHO/DOPPLER TEST INSTRUCTIONS

You have been scheduled for an Echo/Doppler test.

| Appt Date | Appt Time | Description | Location | Provider |
|-----------|-----------|-------------|----------|----------|
| | | | | |

Report directly to the Reception Desk at your scheduled Appointment Time.

Special Instructions:

1. Notify the office twenty-four hours before the day of the test if you have to cancel your test for any reason.

2. Try to get a good nights sleep prior to your test.

3. No preparation is needed.

4. Please contact your physician after the test to schedule a conference appointment.

Other Instructions: