



Patient Information Sheet

Your physician has referred you to California CardioVascular Institute for a _____ procedure.

Your appointment is scheduled on _____ at _____ am/pm. Our CardioVascular Institute is located at 1100 Wilshire Blvd, Suite 101, Los Angeles, CA 90017. Our telephone number is (213) 223-1100.

Before your appointment you will need to have some laboratory tests performed and the results need to be faxed to (213) 977-0811. Please note the laboratory centers listed below are not affiliated with California CardioVascular Institute.

If your appointment is within **2 to 7 days** please go to **Quest Diagnostics Laboratory** located at 1127 Wilshire Blvd, Los Angeles, CA 90017. Telephone# (213) 977-0164. If you are outside the Los Angeles area, please visit the **Quest Diagnostics Laboratory** closest to you. You may find a location nearest to you by calling (800) 377-8448 or visiting www.questdiagnostics.com/psc. Please make sure that your lab results are faxed to us at (213) 977-0811.

If your appointment is scheduled **less than 24 hours** from now please go to **Good Samaritan Outpatient Surgery Center** on the **1st Floor** of the Medical Office Building located on 1245 Wilshire Blvd, Los Angeles, CA 90017 (Hours 7:00 a.m-5:00 p.m.). Telephone# (213) 977-2525.

The following test results must be received **prior to** your procedure:

- CBC
- Chem 7
- PT
- PTT
- * Urine Pregnancy Test (if female, and of child-bearing age)

* **DO NOT** eat or drink **8 hours** prior to your procedure.

* On the **MORNING** of your procedure:

- You may take your usual **MORNING** medications with a **small sip** of water;
- But, **DO NOT** take any **diabetic** medications or blood thinners (i.e. Coumadin).

(Fold & Tear Here)

Lab Order Slip

QUEST ACCT# 90017101

Patient Name: _____

DOB: _____

DX: _____



1100 WILSHIRE BLVD. SUITE 101
Los Angeles, CA 90017
Tel: (213) 223-1100

Fax for Lab Reports: (213) 977-0811

DATE: _____

STAT

*Labs to be completed within **7 days** of procedure:

- Basic Metabolic Panel CBC Pro time PTT Urine Pregnancy Test (if female, and of child-bearing age)

Comments: _____

MD Signature: Greg S. Mayeda

Please detach this slip and hand to lab personnel. Thank you.