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Tilt Table

NAME: _____ DOB: _____

PHONE NUMBER: _____ CELL: _____

Scheduler: _____ Date scheduled: _____

Date of procedure: _____ Time of procedure: _____

Reason for test: _____ DX CODE: _____

Allergies: _____

Authorization: _____ No authorization needed

**Please report to Jersey Shore University Medical Center's Outpatient Registration,
which is located on the 1st floor of the Ambulatory Care Building.**

Arrive a half hour prior to your scheduled time.

To Pre-register before your test date, please call 732-897-7979

Tilt Table Instructions:

- **DO NOT EAT OR DRINK** for 6-8 hours prior to the procedure. This will help prevent nausea, which may accompany the test.
- Please make arrangements for someone to drive you to and from the procedure. You will **NOT** be permitted to drive yourself.
- Please bring a list of all your medications you are currently taking. Exact names and dosages. Please make sure you bring your insurance cards and photo ID.
- You may take all cardiac medications with a glass of water. Please do not take any supplements or multi vitamins take prior to the procedure.
- Before your test, you will be given an explanation of the test and be asked to sign a consent form. Please feel free to ask any questions at that time.
- An intravenous (IV) line will be inserted into a vein in your arm, this will allow the injection of fluids and medications.

Instructions were explained to the patient _____

BRICK
1640 HIGHWAY 88, SUITE 201
BRICK, NJ 08724

JACKSON
27 S. COOKS BRIDGE RD., SUITE 210
JACKSON, NJ 08527