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Tilt Table

NAME: _____ DOB: _____

PHONE NUMBER: _____ CELL: _____

Scheduler: Amanda Date of procedure: _____ Time of procedure: _____

Please report to Ocean Medical Center's Outpatient Registration, which is located on the 1st floor in the main lobby of the hospital.
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.
- You will receive a phone call the day before from the hospital with more information.