

Interventional Cardiology Medical Group, Inc.

**ROUTINE ECHOCARDIOGRAM
PATIENT INSTRUCTIONS**

The echocardiogram (echo) is a safe, noninvasive test that uses ultrasound (sound waves) to evaluate the heart chambers, heart valves, heart muscle function, and blood flow through the heart.

Appointment Date: _____ **Time:** _____

PROCEDURE

You will be asked to lie down on your left side on an exam table to enhance viewing of the heart. Electrodes will be placed on your chest to monitor your heart rate and rhythm during the test. An instrument called a transducer is placed on the left side of your chest and tilted at different areas with a translucent gel. The gel may be slightly cool and light pressure may be felt from the transducer. You may be asked to hold your breath at times during the test so that clearer views of the heart can be obtained.

LENGTH OF TEST

The test will take less than 1 hour.

QUESTIONS

If you need to cancel, reschedule, or have any questions about this exam, please call the office at: 818-702-8800.

**PLEASE GIVE OUR OFFICE 24-HOUR NOTICE TO CANCEL YOUR TEST
OR THERE WILL BE A \$100 CHARGE**

Signature: _____

Date: _____