

5 Steps to make your appointment a success:

Patient Name:

DOB:

You have an appointment at *Lifeline Valley Access Center*

Located at: *2014 City Line Road, Suite 101, Bethlehem, PA 18017*

on: _____ at: _____

Instructions for:

VEIN MAPPING

ULTRASOUND

CATHETER REPAIR

1) We **REQUIRE CONFIRMATION** for all appointments. If verbal confirmation is not made by **12 noon the day prior**, the procedure can be cancelled by our office.

a. Please call **610-264-5199** with any questions or concerns.

2) You are not required to fast for this appointment.

3) Please bring your insurance card(s) with you to your appointment.

4) Please do not bring any valuables with you; no jewelry, no money, etc.

Additional Instructions for Vein Mapping:

Avoid all products that contain nicotine (cigarettes, chewing tobacco) for at least 30 minutes before the test.

For Skilled Nursing Facilities Only:

Action Required by Nurse in Charge: Please call **610-264-5199** to acknowledge you have received these instructions or fax this form back to **F.610-264-5198** with a return signature of acknowledgment:

_____ date: ____/____/____

For Skilled Nursing Facilities Only:

Action Required by Nurse in Charge: Please call **610-264-5199** to acknowledge you have received these instructions or fax this form back to **F.610-264-5198** with a return signature of acknowledgment:
_____ date: ____/____/____