

6 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 your CATHETER REMOVAL:

- 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) **If you are on Coumadin/Warfarin – We generally require a 2 day hold prior to your appointment – Please call us for detailed instructions.**
 - a. **If you take Eliquis, Xarelto, or Pradaxa – please call us for instructions**
- 4) Please bring your insurance card(s) with you to your appointment.
- 5) Please do not bring any valuables with you; no jewelry, no money, etc.

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: ____/____/____