

**Eastlake Cardiovascular, P.C.**

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**ECHOCARDIOGRAM**

PATIENTS NAME: \_\_\_\_\_

YOU HAVE BEEN SCHEDULED FOR AN ECHOCARDIOGRAM ON  
\_\_\_\_\_.

**PREPARATIONS:**

1. WEAR COMFORTABLE CLOTHING.
2. **PLEASE BE ON TIME. IF YOU MUST CANCEL OR RESCHEDULE, PLEASE CALL THE ABOVE NUMBER AT LEAST 24 HOURS IN ADVANCE.**

PHYSICIAN: \_\_\_\_\_

YOUR APPOINTMENT IS: (DAY)\_\_\_\_\_ (DATE)\_\_\_\_\_  
(TIME)\_\_\_\_\_