



Rutland Regional
Medical Center
Diagnostic Imaging
160 Allen Street
Rutland, VT 05701
(802) 747-1755 Fax: (802) 747-6200

Name _____

Date _____

DOB _____

Medical Record Number _____

Ordering _____

Instruction for Patient's on Metformin

You just had a CT scan/IVP/Angiogram/Venous procedure. IV contrast (dye) was given for your exam. This contrast is filtered out by your kidneys.

- STOP your metformin medication _____ for the next ___ days.
- You will need follow-up blood work before you restart your **metformin** based medication.

Please come to RRMC first floor lab between 7:30 a.m. –10:30 a.m. and we will draw your blood. This will give us time to have your healthcare provider _____ review your results and **notify you when to restart your medication.**

- Please stop at Registration the day of your scheduled appointment and then to RRMC drawing lab station on the first floor.
- A laboratory blood test will be drawn. These results will be forwarded to your provider to determine when you may restart your medication.
- Please ***bring this form with you on the day of your appointment*** as it will also serve as your order sheet for this follow-up blood work.

Patient Signature _____

DI Staff _____

If you have any questions, please call DI Nursing Staff at (802)747-3610. Nursing staff is available Monday thru Friday from 8:00 a.m. – 6:00 p.m.

White Copy – Jacket

Yellow Copy – Patient

Pink Copy DI Nurse or Front Desk

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