



BRING ALL YOUR CARDIAC MEDICATIONS WITH YOU ON THE DAY OF THE TEST

Your test is scheduled for _____ Time _____

EXERCISE STRESS TEST:

1. Please stop taking any medications found on the second sheet **24hrs** before the day of your exercise stress test, unless directed otherwise by physician or nurse. **Continue to take all prescribed medications that are not on the supplied list.**
2. Do not eat **anything** at least **3 hours** before the test. If you are scheduled for later in the morning, afternoon, or are a diabetic, you may have a light breakfast (e.g., cereal, toast, fruit).
3. Please drink plenty of water or juice before you arrive for your test.
4. **No caffeine for 24 hours prior to test.** (Includes coffee, tea, cola or any **decaffeinated beverages and NO CHOCOLATE**). **If taking holistic supplements, please check active ingredients for caffeine.**
5. Wear comfortable, loose clothing and rubber-soled shoes – PLEASE REFRAIN FROM WEARING SANDALS, HIGH HEELS , DRESSES, AND APPLYING ANY LOTIONS OR OILS TO YOUR SKIN
6. A abrasive material will be used on your skin. If you have sensitive skin, you have the option of requesting a special gel which will be less abrasive, but produces lower EKG quality data. Please inform the Technologist of your choice prior to testing.

Patient Signature _____ **Date** _____