



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

Your test is scheduled for _____ Time _____

NUCLEAR STRESS TEST:

1. Please stop taking any medications found on the second sheet **24hrs** before the day of your Nuclear 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. If you are a diabetic, bring your glucometer machine, capillary puncture device, and test strips with you.
5. **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.
6. 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
7. If you have chosen to exercise on the treadmill, an 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.
8. Patients having the Nuclear Stress Test should plan to be here for **3-4 hours**.
9. Every effort will be made to contact you the day before your test is scheduled to confirm that you will be able to keep your appointment. If your appointment is on Monday, we will call and confirm on Friday.
10. Please do not bring children with you during the day of your test(s).
11. Due to the limitations of our equipment, all patients must have the ability to stand. If you are wheelchair or stretcher bound, please bring professional assistance.
12. **If you miss your Nuclear Stress Test appointment without a 24-hour cancellation notice, there may be a \$200 charge to cover the cost of the imaging agents ordered for your test, or during your rescheduled exam date, the imaging agents may not be ordered until you physically arrive.**
13. If you are scheduled to receive *Dobutamine*, **please stop taking any medications found on the second sheet 24hrs before the day of your Nuclear Stress Test. If you take Coreg(Carvedilol), Bystolic(Nebivolol), please stop taking these medications 48hrs prior to testing unless directed otherwise by physician.**
14. If you are claustrophobic please inform the staff.
15. If you will be flying within the next two weeks, please bring it to the Technologists attention.
16. Please make sure to confirm at the front desk that your PcP and referring physician we have on file is accurate.

Patient Signature _____ Date _____