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Nuclear Stress Patient Instruction Sheet

Name: _____

Stress test Date: _____ Time: _____

You have been scheduled to have a nuclear stress test to determine if you have coronary disease and to evaluate its extent. This test is designed to detect any significant 'blockages' in your coronary arteries.

The nuclear tracer medicine used in this test is specifically ordered 24 hours in advance to be delivered on the day of your test. This medicine is expensive. Please notify us at least 24 hours in advance if you are unable to keep your appointment. **There will be a \$125 fee if you do not cancel 24 hours in advance. If you are pregnant, believe you may be pregnant or are breast feeding, please notify the doctor. You CANNOT have this test.**

Please note the following:

1. MEDICATIONS

- i. **DO NOT TAKE THE FOLLOWING MEDICATIONS 3 days prior to the test** (Metoprolol, Atenolol, Labetalol, Toprol XL, Lopressor, Carvedilol, Coreg, Cardizem, Diltiazem, Digoxin, Verapamil)
- ii. Persantine (dipyridamole)
- iii. Aggrenox
- iv. Theophylline (Theodur, Constant T, Primatene, Quiron, Slo-phylline)
- v. If you are unsure, check with your pharmacist to make sure that none of your medications contain caffeine, theophylline, or dipyridamole.

2. **This test can take up to 4 to 6 hours to complete.** Please plan to be here for the entire duration of the test. Bring some reading materials.

3. Wear loose, comfortable clothing. Shirts open to the front, Wear sneakers or walking shoes. Please do not wear high heels, slippers or sandals.

4. Food and drink

- a. **DAY BEFORE THE TEST STOP ON** _____
- b. **NO** coffee or tea (not even decaf) You may have milk, juice or water & normal meals
 - i. **NO** soft drinks (not even caffeine free)
 - ii. **NO** chocolate in any form (candy, cake, cookies, ice cream, milk, hot cocoa)
 - iii. **No** Anacin or Excedrin (aspirin products containing caffeine)
 - 1. Note: most migraine medications contain caffeine

c. **Morning of the test** _____

- i. **LIGHT BREAKFAST** 2 Hours before test **NO CAFFEINE**
- ii. No smoking
- iii. You may shower with soap, but do not apply any lotion or powder to your body.
- iv. You do not need someone to bring you here (Please limit (1) family member to accompany you if you do not drive no small children please

These instructions have been provided as general guidelines for the test. If you have any questions or concerns, please speak with the doctor. Further opportunity for questions will be presented on the day of your test prior to consent.