



# CARDIOVASCULAR WELLNESS

Heart Disease & Hypertension

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## INSTRUCTIONS NUCLEAR STRESS TEST

**NAME:** \_\_\_\_\_ **DATE / TIME:** \_\_\_\_\_ **AM/PM**

**If you are unable to make your scheduled appointment, please call the office 48 hrs prior to your test. Missing a scheduled stress test may result in a \$250 charge, which is not billable to insurance. This charge is to cover the cost of the radioactive isotope that was ordered specifically for you.**

Your doctor has asked for a stress test in order to get more accurate and complete information about how your heart is functioning. A stress test consists of taking pictures of your heart with a special camera in two phases: while resting and after stress. You will be injected with a radioactive isotope through an IV during each phase. In order to stress your heart, you will exercise on a treadmill. If you are unable to exercise, you may be given a drug, by injection, intended to have a similar effect on the heart to that of exercise.

**PLEASE FOLLOW INSTRUCTIONS CAREFULLY TO AVOID BEING RESCHEDULED.  
INFORM YOUR PHYSICIAN IMMEDIATELY IF YOU COULD BE PREGNANT NURSING**

### 48 HOURS BEFORE YOUR TEST

**NO** Viagra, Cialis, Levitra, or Revatio

**NO** Aggrenox, Persantine, or Theophylline

### 24 HOURS BEFORE YOUR TEST

**NO** Beta-blockers such as atenolol, metoprolol, Toprol XL, Lopressor, Coreg, carvedilol, Bystolic, bisoprolol (UNLESS otherwise directed by your physician).

**CONTACT** us if you have questions regarding medications.

### 12 HOURS BEFORE YOUR TEST

**DO NOT** smoke or use any nicotine products.

**NO** coffee or tea of any kind.

**NO** decaffeinated coffee or tea of any kind.

**NO** colas or soft drinks, including those labeled caffeine free.

**NO** chocolate (candy, cakes, pies, cocoa, white chocolate, etc.).

**NO** Anacin, Excedrin or other drugs containing caffeine.

**DIABETICS** if you take insulin at bedtime, only take half of your usual dose.

### THE DAY OF YOUR TEST

**DO NOT** eat, drink or smoke for 4 hours prior to your test.

**DO** have water, juice or lemonade to ensure that you are well hydrated.

**DO** take your medications as usual, **EXCEPT** those listed above, **UNLESS** otherwise directed by your physician.

**DO NOT** take any oral diabetic medications or insulin, until after your test.

**BRING ALL MEDICATIONS INCLUDING INHALERS** with you in their original containers. We may instruct you to take certain medications before, during, or after your test.

**WEAR** comfortable loose fitting clothing.

**WEAR** enclosed shoes appropriate for WALKING. No slip-ons, sandals, house shoes, or dress shoes. Sneakers preferred.

**DO NOT** apply lotions or powder to your chest area on the day of your test.

**ARRIVE** 30 minutes prior to your appointment time.

**ALLOW** at least 2 ½ hours to complete the test.

**RESULTS** will be communicated to you by your physician after interpretation on a follow up appointment.