

Exercise Nuclear Stress Test

If you are unable to keep your appointment, you must call our office and cancel within 24 hours to avoid a mandatory \$250 cancellation fee. If your test needs to be cancelled or rescheduled because you had caffeine, you will be charged \$250.

If you are pregnant or may be pregnant, please inform our staff as this test is not appropriate for you. If you are nursing, we ask that you do not nurse your child the day of and for two days following the test.

Preparation for the Test

- **Beta blockers, calcium blockers and nitrates should NOT be taken 24 hours prior to the test.**
 - Beta blockers: Toprol XL (metoprolol succinate), Lopressor (metoprolol tartrate), Tenormin (atenolol), Coreg (carvedilol), Inderal (propranolol), Corgard (nadolol), Ziac (bisoprolol), Bystolic (nebivolol) or Labetalol.
 - Calcium channel blockers: Norvasc (amlodipine), Cardizem (diltiazem), Procardia (nifedipine) or Verelan (verapamil).
 - Nitrates: Imdur (isosorbide mononitrate), Isordil (isosorbide dinitrate or nitroglycerin patches).
 - Ranexa: (ranolazine).
- **No caffeine or nicotine for 24 hours prior to the test.** This includes food and drinks such as: regular coffee, decaffeinated coffee, chocolate, tea and soft drinks. This includes medications such as: Excedrin, No Doz or Fioricet. **Please note if you had caffeine your test will have to be rescheduled and you will be charged \$250.**
- **Please allow 4 hours to complete the test.** Please feel free to bring books, magazines or computers as there is down time between various components of the test.
- **For morning testing, you may have a light breakfast before the test. For afternoon testing, you may have a light lunch before the test.**
- **If you have asthma, please bring your albuterol inhaler with you the day of the test.**
- **Please wear or bring comfortable clothing and walking shoes. Please bring a sweater or warm clothing as the office is cool. Please also bring a towel.**
- **All male patients should shave chest to navel.**
- **Please bring an updated list of all medications (with the name of the medication and dosage).**

Please print and sign your name below as acknowledgement and understanding of the above instructions.

Patient Name

Signature

Date