



Name: _____

Day One: _____ Type: _____

Day Two: _____ Type: _____

Nuclear Stress Test Patient Information

This is a nuclear medicine test of your heart. Two studies will be performed on two separate days – One a resting study and one a stress study. You will receive an injection of a radioactive tracer for each study. You will have no side effects from these injections. The amount of exposure is less than most x-rays.

Rest Day

For the resting portion of the test you will receive an injection of the radioactive tracer and imaging will begin immediately upon injection. The approximate time for the test to be performed is 1.5 hours.

Stress Day

Depending on which test is appropriate, you will either walk on a treadmill or have a pharmacological test. You will be monitored during the test – EKG, blood pressure, etc. During the stress test you will receive an injection of the radioactive tracer. Images of your heart under stress will then be taken. The approximate time for the test to be performed is 2 hours.

How to prepare for the test:

1. **24 HOURS PRIOR TO THE TEST ABSOLUTLEY NO CAFFEINE!** This includes: **COFFEE (Decaf or Regular), TEA(Decaf or Regular) NO SODA , DIET SODA, CAFFINE FREE SODA , CHOCOLATE OR ANY KIND OF MIGRAINE MEDICATIONS;** migraine medications include – Cafegot (all forms), Darvon Compound, Excedrin, Fiorinal, Synalgos, Anacin, Nodoz and BC Powder – The test is compromised if there is caffeine in your system and the test may have to be rescheduled. **YOU MUST HYDRATE(drink water)**, please drink atleast a liter of water about an hour before you come to the office for your procedure.
2. Appointments after 10:00am may have a light breakfast (3 hours or more prior to test) such as a piece of toast and a small cup of juice. If your test is scheduled before 10:00am – **DO NOT EAT AFTER MIDNIGHT**(You may drink water). If you are diabetic you may take your insulin with a cup of juice and a light snack.
3. If you take a medicine which slows your heart rate (such as a beta blocker, Inderal, Toprol, Metoprolol, Atenolol, Corgard, Nadolol, Bystolic, Tenormin, Bisoprolol, Zebeta , Verapamil, Calan, Cardizem, or Diltiazem) ask your doctor whether to take it for the 2 days before the test. For example, if your test is to occur on Thursday, we may wish you to skip the medicine on Tuesday, Weds and Thursday morning. You would then take it on Thursday after the test. If you are not sure how to take your medication please ask.
4. Please wear comfortable clothes and shoes (**NO SANDALS**). A front button blouse can be worn (no metal snaps or zippers). Women should wear a sports bra; but this is not mandatory. **PLEASE NO UNDERWIRE.**

****** If you need to reschedule your test please notify our office 48 hours prior to your scheduled appointment to avoid a \$200 “No Show” and Pharmaceutical related fee ******

Name: _____ Patient Signature: _____ Date: __/__/__

In addition to the 48 hour “no show” fee policy if the test needs to be rescheduled or is canceled due to patient negligence such as not following the directions provided the pharmaceutical related fees will incur.