

## EXERCISE CARDIOLITE STRESS TEST

Patient Name: \_\_\_\_\_

You are scheduled for the following test on: \_\_\_\_\_ Check in time: \_\_\_\_\_

- 2149 E Baseline Rd Ste 103 Tempe, AZ 85283 480-345-0034
- 10440 E. Riggs Rd Ste 220 Sun Lakes, AZ 85248 480-345-0034

### PREPARATIONS FOR YOUR TEST:

## \*\*\*\*\*NO CAFFEINE 24 HOURS PRIOR TO YOUR TEST\*\*\*\*\*

- This includes any coffee, tea, soda, chocolate or decaf products.
- You will be required to reschedule your test if you have had caffeine
- Please eat a light, low fat meal 2 hours prior to test.
- Please increase your water intake 2 days prior to test.
- Allow 4 hours for testing
- Do not wear metal of any kind across the chest the day of testing.
- Please wear closed toed shoes and comfortable clothing for exercise

<p>Please stop the following medications 24 hours prior:</p> <ul style="list-style-type: none"><li>• Cardizem</li><li>• Diltiazem</li><li>• Verapamil</li></ul>	<p>Please stop the following medications 48 hours prior:</p> <ul style="list-style-type: none"><li>• Atenolol</li><li>• Betapace</li><li>• Bystolic</li><li>• Carvedilol</li><li>• Inderal</li><li>• Labetalol</li><li>• Metoprolol</li><li>• Nadolol</li><li>• Propranolol</li><li>• Sotalolol</li><li>• Tenormin</li></ul>
---	--

\*\*\*Any medications not listed can be taken as normal the day of your test.\*\*\*

**\*\*Please provide 24 hours notice to cancel or reschedule this test. There will be a \$100 charge for last minute cancellations or no-shows. This fee also applies if you cannot complete the test due to not following the above instructions.\*\***

Your appointment for results is scheduled on \_\_\_\_\_ at \_\_\_\_\_  
I acknowledge that I have received and understand these instructions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date