

PIONEER CARDIOVASCULAR CONSULTANTS

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LEXISCAN 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.
- Bring a snack/light meal with you, which you may eat with permission of the tech. Also bring a caffeinated drink for post stress test to help with side effects if necessary
- Allow 4 hours for testing
- Do not wear metal of any kind across the chest the day of testing
- You may take your medications as normal unless directed by the doctor
- Please bring a bottle of water to drink during the testing

****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