

## Doctors of Internal Medicine

Nuclear Stress Test Appointment Date and Time:

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### Test Instructions

Register in the office 15 minutes prior to your appointment time.

**DO NOT** have caffeine after midnight the night before your test. This includes coffee, tea, cocoa, colas, decaffeinated products, and chocolate. Please note: Some medicines contain caffeine as well. These include Anacin and Excedrin. If you have any questions concerning your medication, please call our office.

You may eat a **LIGHT** breakfast the morning of your test. A small bowl of cereal, toast, fruit or yogurt is all acceptable. Be sure not to have anything too heavy as this may cause nausea during the stress portion of your test.

On the day of your test, please make sure you are well hydrated. We recommend drinking plenty of water throughout the day before your test, as well as the morning of your test. You are welcome to bring water to the clinic with you.

**DO NOT TAKE ANY BETA BLOCKERS 24 HOURS PRIOR TO YOUR TEST, BUT PLEASE BRING THEM WITH YOU** (i.e. Toprol; Atenolol; Metoprolol; Coreg; Lopressor). If you have any questions regarding which medication not to take, please call our office.

You will be in the office for **THREE** to **FOUR** hours. After the first part of your test is done, you will be allowed to eat. Many patients prefer to bring a small, fatty snack/meal with them. You will have approximately 30 to 45 minutes to eat. This is included in the 3 to 4 hours you will be in our office.

Please wear comfortable clothing (2 piece) and shoes that are suitable for walking, as you may be asked to do low-level exercise. Please make sure there is no metal around your chest area (metal snaps, zippers, long necklaces, etc.). Women will be asked to remove their brassiere due to the metal underwire and clasps. You may wear a sports bra as long as there is no metal.

Someone from our office will call you two days prior to your appointment date to confirm your appointment. Also, a tech from Nucardio II will call you the night before your test to answer any other questions you may have.

**\*\*\*PLEASE NOTE\*\*\***

The dosage of medication for this test is based on your specific height and weight. If you are unable to make your appointment, you must give 24 hours notice or you **WILL BE CHARGED \$70 per vial** for the medication.

If you have any questions regarding this test, please feel free to call our office at (972)758-4455.

Thank you.

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PATIENT SIGNATURE

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PATIENT NAME PRINTED