

**INSTRUCTION SHEET FOR THE FOLLOWING DIAGNOSTIC TESTS:
NUCLEAR EXERCISE, LEXISCAN, DOBUTAMINE**

EXAM TIME: Approximately 1 hour and 30 minutes.

Arrive 15 minutes prior to your scheduled exam time.

- PREPARATION:**
- A) No caffeine the day of your exam. Decaffeinated coffee is NOT caffeine free.
 - B) Patients having a morning stress test may eat a light breakfast (i.e., toast, muffin, juice).
 - C) Patients having an afternoon stress test may eat a normal breakfast and light lunch.
 - D) Please do not wear body oils, lotions or powders on your chest the day of the test as they keep the electrodes from sticking. You may wear underarm deodorant.
 - E) Wear comfortable clothing and shoes (tennis or walking) appropriate for a treadmill (no flip flops or sandals).
 - F) Please refer to Page 2 to see if you will need to stop taking any medications prior to your test.

~Exception: If you are having a Lexiscan nuclear test, you may take all of your regular medications.~

- G) On the day of your scheduled nuclear stress test, **please do not bring any minor children under the age of 18 without another supervising adult.** Should there be an emergency, we are unable to accommodate or care for them. Nor do we have the staff to supervise them during the exam. **Additionally, family and friends are required to wait in the lobby during the exam.**

WHAT YOU CAN EXPECT FOR THE TEST:

1. We will place an I.V. in your arm.
2. You will be injected with a radiopharmaceutical (no side effects) for your first series of pictures.
3. We will take pictures on a scanner for approximately 15 to 25 minutes.
4. We will then prepare you for the exercise stress test or the pharmacologic stress test by placing electrodes on your chest, taking your blood pressure, and printing several EKG's.
5. During the stress test, we will inject you again through the I.V. site with the radiopharmaceutical for your second series of pictures.
6. We will then disconnect you from the EKG and take your last series of pictures, which will last for approximately 10 to 20 minutes.

PATIENT AGREEMENT FOR THE MYOCARDIAL PERFUSION STUDY

I have been advised, understand and agree that if I do not keep the appointment for the myocardial perfusion study, I will be personally responsible to pay a fee of **\$140.00** for reimbursement to the practice for the radiopharmaceuticals, which are necessary, ordered, and purchased in advance, for the test I have scheduled (I have confirmed the date listed below). The acknowledgement applies to any future test date should this one be cancelled by the patient or the office.

I understand that this fee will be waived, **ONLY** if I have provided Bay Heart Group with notice of cancellation of this appointment **at least 48 hours prior to the test.**

Appointment Date: _____

Time: _____

Patient Name: _____

Acct#: _____

Patient Signature: _____

Date: _____

****PLEASE BRING THIS NUCLEAR INSTRUCTION SHEET WITH YOU ON THE DAY OF YOUR TEST****

**PLEASE DO NOT TAKE ANY OF THESE MEDICATIONS
THE DAY BEFORE OR THE DAY OF THE TEST**

BETA BLOCKERS

GENERIC NAME

BRAND NAMES

Atenolol

Tenormin

Metoprolol

Lopressor

Nadolol

Corgard

Pindolol

Visken

Propranolol

Inderal

Bisoprolol

Zebeta, Ziac

Metoprolol ER

Toprol XL

Carvedilol

Coreg, Coreg CR

Bystolic

CALCIUM CHANNEL BLOCKERS

GENERIC NAME

BRAND NAMES

Diltiazem

Cardizem, Cardizem CR

Verapamil

Calan, Isoptin

Nifedipine

Procardia, Adalat

Amlopidine

Norvasc

Felodipine

****PLEASE NOTIFY THE OFFICE PRIOR TO YOUR TEST IF YOU HAVE A HISTORY OF SEVERE LUNG DISEASE AND ARE ON ANY PULMONARY MEDICATIONS SUCH AS INHALERS OR BRONCHODIALATORS (I.E., SPIRIVA, ALBUTEROL, ADVAIR, THEOPHYLLIN OR UNIPHYL).****