

PIONEER CARDIOVASCULAR CONSULTANTS, P.C.

RAJIV ASHAR, M.D., F.A.C.C. MEHUL SHAH, M.D., F.A.C.C.

Nuclear Stress Information

PATIENT NAME _____ DATE _____

YOU HAVE BEEN SCHEDULE FOR THE FOLLOW TEST:

EXERCISE CARDIOLITE TREADMILL OR DOBUTAMINE STRESS TEST

FOR YOUR PROCEDURE:

1. **MEDICATIONS:** Stop taking beta-blockers 48 Hours prior to the test. If you do not take a beta-blocker, you may take your other medication as prescribed. See below for a list of beta-blockers
2. **FOOD:** You may eat a low fat diet up to two hours prior to the test. You may also bring a snack with you to have during the day, with permission of the nuclear technician:
PLEASE EAT BY _____ am/pm
3. **WATER:** Increase your water intake 2 days prior to your testing.
4. **CLOTHES:** Wear comfortable TWO PIECE clothing (no dresses) and comfortable running/tennis shoes.
5. **JEWELRY:** DO NOT wear metal necklaces, pins or shirts with metal buttons.
6. **NON ENGLISH SPEAKING PATIENTS MUST BRING AN INTERPRETER.**
7. **PLEASE NOTE ***** YOU WILL BE HERE FOR 4-5 HOURS *******
8. **IF YOU NEED TO RESCHEDULE OR CANCEL THIS TEST, A 24 HOUR NOTICE IS REQUIRED.
(If your test is scheduled for a Monday, please notify us by noon on Friday)**

BETA BLOCKS TO BE STOPPED 48 HOURS PRIOR TO TESTING

| | | |
|-----------|-------------|-----------|
| ATENOLOL | LOBETALOL | SOTALOL |
| BETAPACE | LOPRESSOR | TENORMIN |
| CALAN | METOPROLOL | TOPROL |
| CARDIZEM | NADOLOL | TRANDATE |
| DILTIAZEM | NORMADYNE | VERAPAMIL |
| INDERAL | PROPRANOLOL | ZEBETA |
| KERLONE | SECTRAL | ZIAC |
| COREG | | |

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NOTICE OF NO SHOW FEE FOR STRESS TEST

Please be advised that the dose of medication that we will order for your nuclear stress test costs our company approximately \$150.00. This dose of medication is a prescription ordered just for you. We cannot use the medication on another patient. Also, the dose of medication expires within 6 hours of when it is received in our office. For this reason we must be notified in a timely manner to cancel your dose of medication otherwise we will be charged. We must be notified by 12:00 noon **the business day before your appointment** if you are not going to be able to make it.

IF WE ARE NOT NOTIFIED BY 12:00 NOON THE BUSINESS DAY BEFORE YOUR TEST OR YOU NO SHOW FOR YOUR TEST YOU WILL BE CHARGED \$150.00.

I _____ UNDERSTAND THAT IF I DO NOT SHOW UP FOR MY NUCLEAR STRESS TEST I WILL BE CHARGED \$150.00 I ALSO UNDERSTAND THAT IF I DO NOT NOTIFY THE OFFICE BY 12:00 NOON THE BUSINESS DAY BEFORE MY TESTING I WILL BE CHARGED THE NO SHOW FEE OF \$150.00.

Signature _____ DATE _____

PIONEER CARDIOVASCULAR CONSULTANTS, P.C.

RAJIV ASHAR, M.D., F.A.C.C. MEHUL SHAH, M.D., F.A.C.C.

Nuclear Stress Information

Patient Name _____ Date _____

Check in _____

FOR YOUR PROCEDURE:

1. **CAFFEINE:** NO coffee, tea, soda, chocolate, medications containing caffeine, or any other caffeine products 24 hours prior to the test.
2. **FOOD:** You may eat a low fat diet up to two hours prior to the test. You may also bring a snack with you to have during the day, with the permission of the nuclear technician. Please eat by _____ am/pm.
3. **WATER:** Increase your water intake 2 days prior to your test.
4. **CLOTHES:** Wear comfortable **TWO PIECE** clothing (no dresses)
5. **JEWELRY:** Do not wear necklaces, pins or shirts with metal buttons.
6. **NON-ENGLISH SPEAKING PATIENTS MUST BRING AN INTERPRETER**
7. PLEASE NOTE: ***** You will be here between 4-5 hours *****
8. IF YOU NEED TO RESCHEDULE OR CANCEL THIS TEST, A 24 HOUR NOTICE IS REQUIRED. (If your test is schedule for a Monday, Please notify us by noon on Friday)