



2149 E. Baseline Rd, Tempe, AZ 85283
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EXERCISE CARDIOLITE STRESS TEST

Patient Name: _____

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

*****ALL TESTING IS DONE AT OUR TEMPE LOCATION*****

2149 E Baseline Rd Ste 103 Tempe, AZ 85283 480-345-0034

PREPARATIONS FOR YOUR TEST:

- Please eat a light, low fat meal 2 hours prior to test.
- Please increase your water intake 2 days prior to test.
- Please bring a snack/light meal with you, which you may eat with permission of the tech
- Allow 4-5 hours for testing
- Do not wear metal jewelry or buttons the day of testing.

<p>Please stop the following medications 24 hours prior:</p> <ul style="list-style-type: none"> • Calan • Cardizem • Diltiazem • Isosorbide Mononitrate/Dinitrate • Normandyne • Sectal • Trandate • Verapamil • Zebeta • Ziac 	<p>Please stop the following medications 48 hours prior:</p> <ul style="list-style-type: none"> • Atenolol • Betapace • Inderal • Labetalol • Metoprolol • Nadolol • Propranolol • Sotalolol • Tenormin
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Any medications not listed can be taken as normal the day of your test.

****Please provide 24 business 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