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

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

EXERCISE CARDIOLITE STRESS TEST

Patient Name:

 Please eat a light, low fat meal 	•
 Please increase your water inta 	ke 2 days prior to test.
 Allow 4 hours for testing 	
 Do not wear metal of any kind 	across the chest the day of testing.
 Please wear closed toed shoes 	and comfortable clothing for exercise
lease stop the following medications 24 hours prior:	Please stop the following medications 48 hours prior:
Cardizem	Atenolol
• Diltiazem	Betapace
• Verapamil	Bystolic
	Carvedilol
	• Inderal
	• Labetalol
	Metoprolol
	Nadolol
	 Propranolol
	• Sotalolol
	Tenormin
-	cel or reschedule this test. There will los or no-shows. This fee also applies if lowing the above instructions.**
Your appointment for results is scheduled on	
knowledge that I have received and understand t	