



2149 E. Baseline Rd, Tempe, AZ 85283
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PERSANTINE/LEXISCAN 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:

- **NO CAFFEINE 24 HOURS PRIOR TO YOUR TEST.**

- This includes any coffee, tea, soda, chocolate or decaf products.
- You will be required to reschedule your test if you have had caffeine
- Please eat a light, low fat meal 2 hours prior to test.
- Please increase your water intake 2 days prior to test.
- 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.
- You may take your medications as normal unless directed by the doctor

****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