

## 2149 E. Baseline Rd, Tempe, AZ 85283 PH (480) 345-0034 F (480)345-4033

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## TREADMILL STRESS TEST

Patient Name:	
You are scheduled for the following test on:	Check in time:
<ul> <li>Please eat a light, low fat meal</li> <li>Please increase your water inta</li> <li>Allow 30 minutes to 1 hour for</li> </ul>	AZ 85283 480-345-0034  for your test: 2 hours prior to test. ake 2 days prior to test.
Please stop the following medications 24 hours prior:	Please stop the following medications 48 hours prior:
***Any medications not listed can be taken as	normal the day of your test.***
Your appointment for results is scheduled on	at
I acknowledge that I have received and understand t	hese instructions.
Print Name Signature	gnature Date