



2149 E. Baseline Rd, #103, Tempe, AZ 85283
P:(480) 345-0034; F:(480)345-4033

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 \$100.00. 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 \$100.00.

I _____ UNDERSTAND THAT IF I DO NOT SHOW UP FOR MY NUCLEAR STRESS TEST I WILL BE CHARGED \$100.00 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 \$100.00.

Signature _____ DATE _____



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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)