

INSTRUCTIONS FOR NUCLEAR STRESS TEST

NAME: _____ DATE OF TEST: _____ TIME: _____

(Time is tentative, someone from the testing facility will call 3 days before the test to give you the exact time. If you have not spoken with the testing facility, please call the facility within 2 days of your scheduled test date or your test may need to be rescheduled.)

Able to walk on the treadmill Y N Pregnancy/Breastfeeding Y N Oxygen Y N
Claustrophobic Y N

If you are pregnant or breastfeeding you can NOT have a nuclear stress test - please notify the ordering doctor

PREGNANCY: If you are of childbearing age you must perform a pregnancy test within 48 hours prior to your nuclear stress test to confirm that you are not pregnant.

- Bring **ALL MEDICATIONS** with you including your **INHALER(S)**.
- You will be receiving an IV injection of an inert radioactive tracer.
- Do not bring children with you to the test.
- Do not schedule any medical testing or bloodwork on the same day.
- If you are **claustrophobic** notify the testing facility prior to test.
- If you are having a lexiscan **DO NOT** take **THEOPHYLLINE (THEODOR, UNIPHYLL, SLOBID)** 24 hours prior to the test and **DO NOT** take **DIPYRIDAMOLE (PERSANTINE) OR AGGRENOX** 48 hours prior to the test.

INSURANCE: It is your responsibility to provide the facility with your insurance cards and a **REFERRAL**(if your insurance requires one). The test **WILL NOT** be performed without a referral. You will receive a phone call 3 days before your test. We must have a copy of your referral at that time or the test will be rescheduled.

CANCELLATION: The test requires coordination between you and the testing center. The office prepays for your isotope that is ordered specifically for you. If you need to cancel this test you **MUST** notify the facility at (732-458-0447 or 732-458-6200) **24 hours** prior to the test. **If you fail to notify us you will be charged for the cost of the isotope (approximately \$132.00).**

TIME: The test may take **UP TO 6 HOURS**. You may bring a snack with you. We recommend that you bring reading material to help pass the time.

RESULTS: The ordering physician will contact you with the result of your test. If you have not heard from our office within 2 weeks please call our office.

CLOTHING: Please wear comfortable clothing (short sleeve shirt - no metal snaps, buttons, or zippers) & appropriate shoes (no sandals, clogs or "loose" shoes, sneakers are best). No jewelry, perfume, or powder.

FOOD: NO CAFFEINE FOR 24 HOURS PRIOR TO YOUR TEST. (This includes tea, coffee, decaf tea, decaf coffee, soda and chocolate) The morning of your test, you may have a light breakfast. NO CAFFEINE, MEAT OR DAIRY PRODUCTS. You may have juice, fruit, plain toast or plain crackers with jelly. You may also bring any of the listed items as a snack.

****MEDICATION HOLD INSTRUCTIONS****

DO NOT TAKE 48 HOURS PRIOR TO TEST: _____

DO NOT TAKE 24 HOURS PRIOR TO TEST: _____

DO NOT TAKE THE MORNING OF TEST: _____