



AFTERNOON NUCLEAR STRESS TEST

PATIENT NAME: _____

An appointment has been made for you at Cardiovascular Institute of Central Florida on:

DAY: _____ DATE: _____ TIME: _____

*** THIS TEST TAKES 3 TO 4 HOURS ***

Please arrive at the office promptly at the indicated time. Ocala office located at 2111 SW 20th PLACE.

You may have a light breakfast before 9:30 am. **Avoid all dairy products and caffeine. Absolutely nothing by mouth** this includes decaffeinated products which still contain some amounts of caffeine. **ABSOLUTELY NO CAFFEINATED or DECAFFEINATED BEVERAGES** the morning of the test. You will not be able to leave the office to get something to eat.

Your clothing should consist of something comfortable to go walking in, including an athletic pair of rubber-soled shoes, comfortable pants and loose fitting shirt. Please no dresses, metal snaps or metal buttons on chest area. Also, no one piece jumpsuits.

You may take your morning medications at the time of your breakfast. Some medications may need to be held prior to the test. Your physician will advise you if omitting medications applies to you. If you are a diabetic consult please notify our office regarding your diabetic medications.

If in the event you have a physical limitation that prevents you from being able to exercise, an alternative test will be performed. A pharmacological stress test is a safe and accurate alternative, and is frequently used routinely for patients who cannot walk on the treadmill.

These instructions have been designed to make your stress test a pleasant experience and provide the technologist and physician supervising the test with the best medical information.

PLEASE READ THE FOLLOWING CAREFULLY

You must provide us with a **24 HOURS NOTICE** should you need to cancel or reschedule your appointment. Failure to provide us with **24 HOURS NOTICE** to cancel, reschedule, or if your exam is cancelled or not completed due to your non-compliance of pre-exam instructions (**eating, drinking, or meds**), this will result in a charge of \$150.00, as we will not have sufficient time to fill your slot. This charge is not covered by your insurance company and you will be personally responsible for it. The charge covers the price of the radioactive tracer. If you know ahead of time that you will be traveling the days leading up to your exam, making it impossible for us to reach you, you must either supply us with the numbers where we can reach you during your travels or contact us yourself to confirm your appointment. It is your responsibility to contact us stating whether you will be able to be present for your exam when you are away from your permanent address. To avoid any problems, make sure to provide us with more than just your home number to verify your appointment.

Signature _____ Date _____