



PET NUCLEAR STRESS TEST

Location: Cardiac Cath Lab, 2105 SW 20th Pl, Ocala FL 34471
Phone: 352-547-3388 Fax: 352-237-3071

PATIENTS NAME: _____

APPOINTMENT DATE: _____ DAY: _____ TIME: _____

Do not eat or drink anything 5 hours prior to your arrival time. A meal eaten before that time should be light.

No caffeine 12 hours prior to the test, including decaffeinated coffee, teas or sodas. Patients are encouraged to drink plenty of water the day before the test.

Wear clothing that is comfortable (comfortable pants and loose fitting shirt). Do not wear the following clothing items to the test: dresses, tops with snaps or metal buttons, or one piece outfits.

Morning medication can be taken as long as it is 5 hours prior to the scheduled test time. Some medications may need to be held prior to the test. Please bring all medication to the PET stress test appointment. The best time to take morning medication will be discussed at the time of the test. Consult with CVI regarding any diabetic medication, if applicable.

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

PLEASE READ THE FOLLOWING CAREFULLY

A 24 HOUR NOTICE must be provided if the appointment needs to be rescheduled or cancelled. Failure to provide a 24 HOUR NOTICE to cancel, reschedule, or if the test is cancelled or not completed due to non-compliance of pre-test instructions (eating, drinking, or medications), this will result in a charge of \$150. This charge is not covered by insurance and will be the personal responsibility of the patient. The charge covers the cost of the radioactive tracer.

Once the insurance has been billed and payment received, patient may be responsible for any unpaid balance.

If traveling prior to the appointment, please supply additional phone numbers for confirmation of the test. It's the patient's responsibility to contact the office in the event that the staff is unable to confirm the appointment. To avoid any problems, provide the office with more than a home phone number to verify the appointment.

Signature: _____ **Date:** _____