

Diagnostic Cardiology Group
Nuclear Stress Exam Instructions

Plaza III Suite 200B
2341 McCallie Avenue
Chattanooga, TN 37404

Patient's Name: _____ DOB: _____

Appointment Date: _____

Arrival Time: _____ am/pm

Test Time: _____ am/pm

- You are to have **NOTHING** to eat or drink after MIDNIGHT the night before the test.
- **NO** caffeine for **24 HOURS PRIOR** to the test.
(This includes coffee, tea, all soft drinks - regular and caffeine free, chocolate, and some medications such as Goody's powders, Anacin and Excedrin.)
- **NO** tobacco products for **24 HOURS PRIOR** to the test.
- Please wear comfortable clothes and shoes. No flip flops, cowboy boots or slippers.
- **Bring ALL your medications with you** the morning of the test.
- **This test may take up to 4 HOURS.**
- Do not take **ANY** insulin or blood sugar medication the morning of the test **ONLY!**
(Unless otherwise instructed by physician)
Bring it with you to the test along with a **snack** to raise your blood sugar just after the test is over.
- Do **NOT** take any blood pressure medication for **24 HOURS PRIOR** to the test.
(Unless otherwise instructed by physician)
Bring your medication with you to take after the test is over.
- Do **NOT** take any nitrates such as:
Imdur (Isosorbide) Isordil Nitro patches (Nitr-dur minitran)
- Do **NOT** take Ranexa or Aminophylline (or any generic of these medications)
- Please bring a snack with you to eat during the break.

Should you have any questions or concerns, please call us at (423) 629-4106 before 4:30 p.m.

If you must reschedule your test, please give 48 hours notice (2 business days).

The radiotracers are ordered just for you, and are wasted if not used.

I understand that if I fail to give 48 hours notice (2 business days), I will be personally responsible for the \$250 radiotracer cost. Insurance will not pay for a missed appointment.

Patient Signature: _____

Date: _____