



2149 E. Baseline Rd, Tempe, AZ 85283  
PH (480) 345-0034 F (480)345-4033

## EXERCISE CARDIOLITE STRESS TEST

Patient Name: \_\_\_\_\_

You are scheduled for the following test on: \_\_\_\_\_ Check in time: \_\_\_\_\_

\*\*\*\*\*ALL TESTING IS DONE AT OUR TEMPE LOCATION\*\*\*\*\*  
2149 E Baseline Rd Ste 103 Tempe, AZ 85283 480-345-0034

### PREPARATIONS FOR YOUR TEST:

- **NO CAFFEINE 24 HOURS PRIOR TO YOUR TEST.**
  - This includes any coffee, tea, soda, chocolate or decaf products.
  - You will be required to reschedule your test if you have had caffeine
- Please eat a light, low fat meal 2 hours prior to test.
- Please increase your water intake 2 days prior to test.
- Allow 4 hours for testing
- Do not wear metal of any kind across the chest the day of testing.
- Please wear closed toed shoes and comfortable clothing for exercise

Please stop the following medications **24** hours prior:

- Cardizem
- Diltiazem
- Verapamil

Please stop the following medications **48** hours prior:

- Atenolol
- Betapace
- Bystolic
- Carvedilol
- Inderal
- Labetalol
- Metoprolol
- Nadolol
- Propranolol
- Sotalolol
- Tenormin

\*\*\*Any medications not listed can be taken as normal the day of your test.\*\*\*

**\*\*Please provide 24 hours notice to cancel or reschedule this test. There will be a \$100 charge for last minute cancellations or no-shows. This fee also applies if you cannot complete the test due to not following the above instructions.\*\***

Your appointment for results is scheduled on \_\_\_\_\_ at \_\_\_\_\_  
I acknowledge that I have received and understand these instructions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date