PIONEER CARDIOVASCULAR CONSULTANTS

MEHUL SHAH MD, RAJIV ASHAR MD, DHAVAL SHAH MD, ADHIRATH DOSHI MD

LEXISCAN CARDIOLITE STRESS TEST

Patient Name: _____DOB:_____

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

- ☐ **2149 E Baseline Rd Ste 103 Tempe, AZ 85283 480-345-0034**
- ☐ **10440 E. Riggs Rd Ste 220 Sun Lakes, AZ 85248 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.**
- **Bring a snack/light meal with you, which you may eat with permission of the tech. Also bring a caffeinated drink for post stress test to help with side effects if necessary**
- **Allow 2 hours for testing**
- **Do not wear metal of any kind across the chest the day of testing**
- **You may take your medications as normal unless directed by the doctor**
- **Please bring a bottle of water to drink during the testing**

****Please provide <u>24 hours' notice</u> 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 <u>not</u> following the above instructions.****

Your appointment for results is scheduled on _____ at _____

- ☐ **2149 E Baseline Rd Ste 103 Tempe, AZ 85283**
- ☐ **10440 E. Riggs Rd Ste 220 Sun Lakes, AZ 85248**
- ☐ **4530 E Muirwood Dr Ste 105 Phoenix, AZ 85048**
- ☐ **2051 W Warner Rd Ste 19 Chandler, AZ 85224**

I acknowledge that I have received and understand these instructions.

_____	_____	_____
Print Name	**Signature**	**Date**