

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

LEXISCAN CARDIOLITE STRESS TEST

Pa	tient Name:	
Yo	u are scheduled for the following test on:	Check in time:
	**************************************	OCATION************ 480-345-0034
	PREPARATIONS FOR YOUR TE	EST:
•	NO CAFFEINE 24 HOURS PRIOR TO Y	OUR TEST.
•	O This includes any coffee, tea, soda, chocolate or dec O You will be required to reschedule your test if you he 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 caffeinated drink for post stress test to help with side effect Allow 4 hours for testing Do not wear metal of any kind across the chest the day of the You may take your medications as normal unless directed be Please bring a bottle of water to drink during the testing	ave had caffeine permission of the tech. Also bring a ts if necessary esting
be a \$1	ease provide <u>24 hours' notice</u> to cancel or resondered on the concellations or no- annot complete the test due to <u>not</u> following	shows. This fee also applies
Your appo	ointment for results is scheduled on	at
I acknowl	edge that I have received and understand these instructions.	

Signature

Date

Print Name