

Preparations for Myocardial Perfusion Stress Test

Please report to The Heart and Medical Center, Suite 208
Test Takes Approximately 2 ½ Hours

1. FOOD/DRINK INSTRUCTIONS

- No caffeine (or decaffeinated sodas/coffee) for 12 hours prior to test. Do not eat or drink anything 4 hours prior to test.
- If you are diabetic, please bring juice or a snack with you and inform the technologist when you begin your test. They will tell you when you can eat and drink.

2. CLOTHING INSTRUCTIONS

- Please wear comfortable shoes and clothing. No metal on or near your chest.
- Do not use any lotion or oil on your chest or abdomen the day before or the day of your test.
- Please do not wear a necklace we cannot be held responsible for the loss if you are asked to remove it.

3. MEDICATION INSTRUCTIONS

Dipyridamole = (Persantine): Hold morning of test

Aggrenox: Hold morning of test

Theophylline: Hold 48 hours prior to test

Beta-Blockers: Hold night before test if you are taking an evening dose, hold morning of test if you are taking a morning dose.

Common Beta Blockers:

Acebutolol = Sectral

Atenolol = Tenormin, Tenoretic

Betaxolol = Kerlone

Bisoprolol = Zebeta, Ziac

Bystolic

Coreg = Carvediol

Metoprolol = Lopressor, Lopressor-HCT, Toprol-XL

Propranolol = Inderal, Inderal-LA, Inderide, Inderide-LA

Carteolol = Cartro

Nadolol = Corgard, Corzide

Penbutolol = Levatol

Pindolol = Visken

Timolol = Blocarden, Timolide

Labetalol = Normodyne, Trandate

Nitrates: Hold 24 hours prior to test

Common Nitrates:

Coronex

Cosopt

Deponit

Dilantate-SR

Imdur

Ismo

Isobid

Isordil

Isosorbide

Isotrate

Minitran

Monoke

Nitrodisc

Nitrobid

Nitrodur

Transderm-Nitro

Sorbitrate

4. OTHER INSTRUCTIONS

Due to the Nuclear Regulatory Commission and HIPPA requirements, family members will need to remain in the waiting area.

* If you have any questions, please do not hesitate to call our office at **580-931-0500**.

* If you cannot keep this appointment, please give 48 hours notice as we have to purchase the medication and it will not be filed with insurance.

* If you are pregnant or think you might be pregnant or breast feeding, please notify us immediately.

* Bring all medications you are holding with you to the test so that you may take them after the test. All medications you are taking not listed above may be taken as normally scheduled with a sip of water.

Test Date: _____ **Time:** _____ **AM PM**