

Chhokar Clinic
1906 Warm Springs Road
Columbus, GA 31904-8031
(706) 322-0528

NUCLEAR IMAGING INSTRUCTION SHEET

Patient Name: _____

Date of Birth: _____

Date and Time of Test: _____

Test Scheduled: Nuclear Stress Test

PLEASE READ CAREFULLY:

If Patient Requires Physical Assistance A Family Member Must Be Present. .

Your Test will take 4-5 hours. Listed below are the requirements for the test.

DO NOT eat or drink anything 4hrs prior to procedure. **NO CAFFEINE OR SMOKING** 12 hours prior to test, this can affect the results of the test. **NO NICOTINE: PATCH OR GUM** on the day of the test. Please bring **ALL MEDICATIONS** with labeled bottles to your appointment. If you use inhalers, you **MUST** bring them with you for the testing.

DIABETIC PATIENTS: **Do Not Take** oral medication, **HOLD THE MORNING OF YOUR TEST.** If you use insulin, take only ½ of your regular dose. **BRING YOUR GLUCOMETER WITH YOU.** Midway through the test you will be allowed to eat a **SMALL SNACK.** We provide a drink and a pack of crackers. If you prefer something other than this you may bring a snack with you.

DO NOT TAKE THE FOLLOWING MEDICATION The Morning Of Your Test

BETA BLOCKERS: Toprol, Metoprolol (Lopressor); Esmolol (Brevibloc);
Carvedilol (Coreg); Nebivolol (Bystolic); Propanolol (Inderal); Atenolol (Tenormin);
Nadolol (Corgard); Bisoprolol (Zebeta); Sotalol (Betapace); Acebutolol (Sectral);
Labetalol (Trandate)

NITRATES: Tablets, Spray or Patch: Nitroglycerine (Imdur, Isosorbide Mononitrate,
and isosorbide dinitrate, Ismo)

NOTICE TO PATIENT

PRIOR TO TESTING YOU WILL BE REQUIRED TO PAY ANY APPLICABLE CO-PAY, CO-INSURANCE, AND OR DEDUCTIBLE THE DAY OF THE PROCEDURE. IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT, A 24 HOUR NOTICE IS REQUIRED IN ORDER TO CANCEL/RESCHEDULE. FAILURE TO PROVIDE 24 HOURS NOTICE WILL RESULT IN A \$75.00 FEE TO COVER COSTS OF THE RADIOACTIVE AGENT ORDERED IN ADVANCE WHICH CANNOT BE RETURNED OR BILLED TO YOUR INSURANCE COMPANY.

Patient Signature: _____ **Date:** _____

Please Note The Following Additional Appointment Date(s) & Time(s):