**FOUR HOUR DOBUTAMINE SESTAMIBI STRESS TEST**

**At 184 Thomas Johnson Drive Suite 204**

**READ THE FOLLOWING INSTRUCTIONS. THE QUALITY AND THE LENGTH OF YOUR TEST DEPENDS ON PROPER PREPARTION. BRING THESE INSTRUCTIONS WITH YOU AND YOUR MEDICATIONS ON THE DAY OF YOUR TEST.**

You are scheduled for your four hour Sestamibi Stress Test on\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_.

**INSTRUCTIONS**

**24 HOURS PRIOR TO YOUR TEST:**

1. **DO NOT EAT OR DRINK** anything containing caffeine for 24 hours. **No chocolate,**

 **coffee, tea or sodas (this includes decaffeinated drinks) 24 hours prior to your**

 **test.**

 If your stress test is scheduled **BEFORE** 12 p.m., do not eat or drink after 10 p.m. the

 night before.

 If your stress test is scheduled **AFTER** 12 p.m. you may have a light breakfast before

 8:00 a.m. that morning. Remember no coffee, tea or sodas as previously instructed.

1. If you take any of the medications on this Medication List, they **must be held for**

 **24 hours** the day before and **the day of the test** unless otherwise stated by your physician. Please take your other Blood Pressure medications unless instructed by your physician

**MEDICATION LIST**

Acebutolol (Sectral) Metoprolol (Lopressor) (Toprol XL

Atenolol (Tenormin) Nadolol (Corgard)

Bisoprolol (Zebeta) Pindolol (Visken)

Bystolic (Nebivolol) Penbutolol (Levatol

Betaxolol (Kerlone) Propanolol (Inderal)

Carteolol (Cartel) Sotalol (Betapace)

Carvedilol (Coreg) Timolol (Blocadren)

Dilitazem (Cardizem) (Tiazac) Verapamil (Calan) (Isoptin)

Digoxin (Lanoxin, Digitek) Ziac

**On The Day Of Your Test:**

**DIABETIC PATIENTS**

* Please do not take oral diabetic medicines the morning of the test.
* Take only one-third (1/3) of your insulin.
* Bring your glucometer with you.

**LUNG PATIENTS:**

**PATIENTS WHO USE INHALERS MUST BRING THEIR INHALERS!**

You **may** take any **unlisted** medications unless otherwise instructed by your

 physician. You may have enough water to take these medications.

3. Do not smoke on the day of your test.

4. Bring the following items with you:

* Insurance cards and HMO referrals. **Referrals are your responsibility.**
* Wear or bring comfortable clothing and walking shoes.

One bottle of Sprite, Diet Sprite, 7 Up, Diet 7 Up , water, or juice is preferable and a snack. **The picture quality is enhanced with properly timed eating and drinking. You will be instructed when to do so by the nuclear technologist.**

* Your medicines, as it may be necessary for you to take some of them during the testing process at the direction of the MD.
* Reading Material, as you will have periods of time during the test when you are simply waiting.
* Bring your inhaler

 **If you have any questions, please call 301-631-6877.**

**\*In the event you need to cancel, please call 301-631-6877**

 **Ext.202 before 3PM the day before your appointment.**

**\*\* If you are a mother who is breast feeding you should have discussed this with your primary Cardiologist before scheduling this test!**

10/2/15