

Florida Cardiovascular Association, PA  
605 N Washington Avenue Suite 100  
Titusville, Florida 32796  
321-383-7600

Patient Name \_\_\_\_\_

Appointment Date and Time \_\_\_\_\_

Diagnoses \_\_\_\_\_

Your insurance must be current and accurate in order to proceed with the testing.

**Cancellation Policy: The patient must provide one (1) business day notice of cancellation to prevent any charges.**

**Patients Weight** \_\_\_\_\_

Type of Exam \_\_\_\_\_ 1 Day Myocardial Perfusion Stress with: Exercise or Lexiscan  
\_\_\_\_\_ 2 Day Myocardial Perfusion Stress with: Exercise or Lexiscan  
\_\_\_\_\_ Exercise Stress (Treadmill Only-no nuclear imaging)

The testing will be provided at 605 N Washington Avenue #100  
Titusville, Florida 32796  
321-383-7600

**Your Nuclear Stress Test consists of two parts: Each portion takes approximately 2 hours with a 1 -1/2 to 3 hour break between the 2 parts. This break will require you to eat a fatty meal/snack. You may also leave the premises to eat schedule permitting. It is very important that the meal is NOT fat free.**

## IMPORTANT INSTRUCTIONS FOR YOUR STRESS TEST

Preparation: **\*ABSOLUTELY NO Caffeine or Decaffeinated** beverages or **Nicotine 12 hours prior** to the test. This includes Coffees, Teas, Soda and Chocolate.

**\* Nothing to eat 4 hours prior to exam.** You may drink water.

**\* Please bring a 16 oz. bottle of water** with you, as you will be required to drink water prior to your first set of images.

**\* If you are Diabetic (Insulin dependent only),** Please test sugar prior to appointment time you may eat a light breakfast 2 hours prior to exam (a small bowl of cereal OR toast and juice) remember **NO caffeine or decaffeinated** beverages, and take your insulin.

**\* Wear comfortable clothing. No metal buttons, snaps, or zippers** on your shirt or top. A two piece outfit, with a loose fitting short sleeved tee shirt is easiest for women. **No Dresses.** Also wear comfortable shoes appropriate for walking with rubber soles. **No high heeled shoes.**

**\* You may want to bring a lightweight jacket or sweater** for the waiting room.

**\* Do not wear any jewelry, powders or lotions on your chest area the day of the exam.**

**\* The office is not responsible for any personal items brought to the office. Please keep personal belongings brought with you to a minimum.**

**\* Take all medication except the following...**

Aminophylline

Atenolol/ Tenoretic/ Tenormin

Betapace/ Sotolol

Bisoprolol/ Ziac

Carvedilol/ Coreg

Elixpphyllin

Imdur

Ismo

Isosorbide

Metoprolol

Bystolic

Nitro-patch

Propranolol/ Inderal/ Inderide LA

Slo-Bid

Slo-phyllin

Theo-dur

Theophylline Preparation

Uniphyl

Persantine/ Diprydamole

Toprol XL

Florida Cardiovascular Association, PA

Pregnancy and/or Breast Feeding Verification

Must be completed by all female patients

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Are you? (Please check appropriate Box)

- Post-menopausal
- Pre-menopausal, surgically sterile (e.g. hysterectomy, tubal ligation, etc.)
- Pre-menopausal, not surgically sterile.  
If so, are you or do you think you may be pregnant?
  - Yes
  - No      Date of last menstrual period: \_\_\_\_\_

2. Have you ever had a mastectomy?      Do you wear/have a prosthesis?      Implants?

- Yes       Yes
- No       No
- Right
- Left
- Bilateral

3. Are you currently breast feeding?

- Yes
- No

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_