

1910 Roseland Blvd. Tyler, TX 75701 Phone (903) 533-0644 Fax (903) 533-0441

Myocardial Perfusion Imaging Testing Preparation Instructions

Date of Test:	Arrival Time:	Physician:
Patient:		
Treadmill Test: Y	N	
Your physician has ordered a Total Time for this test will b		admill, Lexiscan, or Dobutamine)
the night before your test. W	ear comfortable clothing was sleeve button down shirt of	othing to eat or drink (EXCEPT WATER) past midnight with NO metal on the shirt. No Overalls or Jumpsuits, No or a short sleeve T-shirt. (NO Metal Buttons).
Afternoon Appointments: (st you may have a light breakfa		1:00 PM) The instructions are the same as above EXCEPT- g except water after 7:00 AM
	ALCOHOL 24 HOURS PR CCO PRODUCTS 12 HOU	NOR TO TEST!!!! URS PRIOR TO THE TEST!!!!
DRINK AS MUCH WATER	AS YOU WANT- HOWE	VER, DO NOT ADD ANYTHING TO THE WATER.
MEDICATIONS:		
diabetic medication,	OO NOT take it the morning	9
a. HOLD 24 hou Tenormin, Be Bystolic, Acel b. HOLD the mo OptiPranolol,	taxolol, Kerlone, Betopic, loutolol, Sectral, Carteolol, Corning of the test: Labetaol Nadolol, Corgard, Propra	wing: dilol, Coreg, Metoprolol, Lopressor, Toprol, Atenolol, Bisoprolol, Ziac, Zebta, Esmolol, Brevibloc, Nebivolol, Ocupres, Penbutolol, Levatol, Pindolol, Visken. o, Trandate, Levobunolol, Betagan, Metipranolol, nolol, Inderal, InnoPran, Sotalol, Betapace, Sorine, npotic, Diltiazem, Cardizem, Verapimil, Calan, Tarka,
C. If you use an Inhaler,	please bring it with you.	
DO NOT take any form of N Isosorbide, Imdur, Monoket		Bid, Notro-Dur, Notrostat, NitroQuick, Isordil, Ismo, Nitro Patch.
TEST. Failure to do so wi	l result in a \$100.00 miss	MUST DO SO AT LEAT 24 HOURS PRIOR TO sed appointment charge. If you are more than 20 nedule and charged a \$100.00 rescheduling fee.
Test Instructions were exp	lained to me by:	

Date: _____

Patient's Signature: