



Jean-Pierre Awaida, MD, PA

Cardiovascular Medicine

Test Date: _____

**Nuclear stress test takes about 4-4.5 hours at our SATELLITE OFFICE :
601 N. Congress Ave Suite 402 Delray Beach, FL 33445**

There are two parts to the test.

-Part 1 takes about 3 hours. It consists of consent form, intravenous catheter setup, rest study injection, waiting period (15-45 minutes), rest imaging, stress testing and debriefing.

*There is a necessary break for the patient to eat breakfast/lunch before the final imaging.

-Part 2 takes about 40 minutes for stress imaging and quality check by the technician.

PREPARATION FOR NUCLEAR STRESS TEST

1. **DO NOT HAVE ANY CAFFEINATED OR DECAFFEINATED PRODUCTS BEGINNING THE MORNING PRIOR (TUESDAY) TO THE PROCEDURE.** No coffee, tea, sodas, chocolate, or any over-the-counter medicines containing caffeine. **DRINK 2 GLASSES OF WATER THE MORNING OF THE TEST** before coming.
2. **DO NOT EAT ANYTHING OR SMOKE THE MORNING OF THE TEST.**
3. **TAKE YOUR MEDICATIONS** with water unless you have been instructed by the doctor or technologist to withhold any particular medications. **DO NOT TAKE ANY BETA BLOCKERS (EX: ATENOLOL, METOPROLOL, ETC.),**
Doctor specific instructions: _____
4. **WEAR COMFORTABLE CLOTHING.** Short sleeved, button front shirt, slacks and athletic shoes. There should be **NO METAL FASTNERS ON THE SHIRT.** You may bring a loose sweater or jacket if you tend to feel cold. **PLEASE LEAVE ALL JEWELRY AT HOME.**
5. **PLEASE SHOWER THE MORNING OF THE TEST. NO LOTIONS, CREAMS OR OIL ON MIDSECTION OF BODY.** This helps the EKG leads stick.

DIABETIC PATIENTS

1. **TAKE HALF OF YOUR USUAL DOSE OF INSULIN THE EVENING BEFORE TEST.**
2. **TAKE NO INSULIN THE MORNING OF THE TEST.**
3. **BRING YOUR INSULIN WITH YOU TO USE DURING YOUR MEAL BREAK.**
4. **METFORMIN SHOULD NOT BE TAKEN THE NIGHT BEFORE THE TEST.**
5. **All other medications should be brought with you to take during the meal break.**

I agree to give a 48 hour notice if I cannot keep the appointment; otherwise I will be responsible for the cost of the radiopharmaceuticals ordered for the test.

Patient signature _____ Date _____

Print: _____

IF YOU GET LOST, PLEASE CALL 561-499-3919