



EXERCISE CARDIOLITE STRESS TEST

***IF YOU NEED TO CANCEL YOUR TEST FOR ANY REASON, PLEASE CALL 618-876-8214 (LEAVE A DETAILED MESSAGE INCLUDING YOUR NAME AND TELEPHONE NUMBER) ***

Your doctor has scheduled you for an Exercise Cardiolute Stress Test at our **Granite City Office** located at **2118 Washington Ave., Granite City, IL** on _____ at _____ am / pm.

DURING THE TEST YOU WILL:

Have an IV started that will remain in place until the test is complete.

Be given 2 injections of a radiopharmaceutical through the IV.

Sit in a chair 2 separate times while a camera takes pictures of your heart.

Exercise on a treadmill for the stress portion of your test.

The entire test will take at least 4 hours to complete.

Your **cardiologist** has determined for this test that you **MUST**:

_____ Continue **ALL** of your medications.

STOP the following medications for **24 hours** prior to your test:

PLEASE CONTACT THE OFFICE IMMEDIATELY AT 618-876-8214 IF YOU ARE UNABLE TO MAKE IT TO YOUR STRESS TEST.

YOU MUST:

Wear comfortable clothes and shoes.

Please do not wear cologne or perfume, but deodorant is acceptable.

You can eat breakfast and lunch as long as it is not greasy.

If you use inhalers for asthma or lung disease please bring them with you to the test.

Please have no gum, candy, food, etc. in your mouth at the time of testing.

DO NOT HAVE CAFFEINE FOR 12 HOURS PRIOR TO THE TEST (COFFEE, TEA, SODA & CHOCOLATE) INCLUDING DECAFFEINATED.