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Nuclear Stress Test Form

Patient Name:_____D.O.B._____

Height:_____Weight:_____Sex:_____

Women:

Bra cup size:_____

Are you pregnant? []yes []no

Are you currently breastfeeding? []yes []no

Instructions for Stress Test

- Please be aware that the stress test takes approximately 3-4 hours.
- **Medications to stop:**_____
- You may have a light meal prior to stress test but do not consume any meat, dairy, or egg products the day of stress test.
- No caffeine 24 hours prior to stress test.
- Drink 4-6 glasses of water prior to your test.
- Wear comfortable clothes and shoes, and do not apply any creams or lotions on your chest the day of the stress test.
- If you need to cancel or reschedule your stress test you must do so 48 hours prior to your test. The medication needed for this test is ordered specifically for your date and time of appointment and is not reusable. If you do not come in the medication will be wasted and you will be billed for the cost of the medication which is \$150.00. Please cancel or reschedule your appointment at least 48 hours prior to your test to avoid unwanted charges.

I have read and understand the conditions and request above.

Patient Signature

Date