

You have been scheduled for the test selected below. Please **review the instructions** listed and contact us with any questions - 855-739-9953. Copay's/deductible/co-shares are determined by your insurance company, depending on your policy your insurance company may charge for every test that is completed, even if all on the same day.

Please arrive at the time of your scheduled appointment. If you are unable to make your appointment on time, **please provide at least 24 hours' notice** by calling, leaving a message, or emailing us at info@oracleheartva.com. Failure to adhere to these requests may result in your appointment being rescheduled and could result in a fee between **\$100.00-\$280.00**, as most tests require unique supplies and coordination that will go to waste.

Our waiting room can accommodate caregiver/family members. Only patients are allowed in testing areas. Please let us know if the patient needs special care. We are happy to help.

Scheduled Test	INSTRUCTIONS
___ Echocardiogram Appt date/time: ___ \ ___ \ ___ ___ : ___	1. Do not apply lotion or powder to your chest the day of the test. 2. You may take all your medications prior to testing.
___ Carotid Ultrasound Appt date/time: ___ \ ___ \ ___ ___ : ___	1. Please do not wear anything tight fitting around your neck. 2. You may take all your medication prior to the testing.
___ Venous/Reflux/Arterial doppler Appt date/time: ___ \ ___ \ ___ ___ : ___	1. You may take all your medication prior to the testing.
___ Abdominal/Renal/Iliac (IVC) ultrasound Appt date/time: ___ \ ___ \ ___ ___ : ___	1. Do not eat or drink anything 6 hours prior. (Water is ok) 2. You may take all your medication prior to the testing with a small amount of water.
___ ABI Appt date/time: ___ \ ___ \ ___ ___ : ___	1. Avoid any caffeine, alcohol or smoking 1 hour prior to testing. 2. You may take all your medication prior to the testing.
___ Treadmill Stress Test (PST) / Stress Echo Appt date/time: ___ \ ___ \ ___ ___ : ___	1. Do not eat or drink 4 hours prior to testing (water is ok). 2. Wear comfortable clothing and shoes for walking on the treadmill. 3. Avoid caffeine and decaffeinated products for 12 hours prior to testing (i.e. coffee, tea, soda, and chocolate). 4. Stop all medication listed below (unless instructed by your provider), but bring them with you, as we will have you take them at a certain point during the test. Take all other medications.
___ Nuclear Stress Tests (Exercise & Lexi) Appt date/time: ___ \ ___ \ ___ ___ : ___ *An IV will be started after arrival. *Testing takes approximately 4 hours to complete. *This test is subject to a \$280 cancellation/no-show fee.	1. Do not eat or drink 4 hours prior to test (water is ok). 2. No tobacco products 12 hours prior to test. 3. Avoid caffeine and decaffeinated products for 24 hours prior to testing (i.e. coffee, tea, soda, and chocolate). 4. Stop all medication listed below (unless instructed by your provider), but bring them with you, as we will have you take them at a certain point during the test. Take all other medications.

HOLD 48 hours	HOLD 24 hours	BETA BLOCKERS to HOLD 24 hours		
Cialis / Tadalafil	Viagra / Sildenafil Livitra / Vardenafil	Zebeta/Bisoprolol Tenormin/Atenolol Coreg/Carvedilol	Lopressor/Metoprolol Tartrate Toprol XL/Metoprolol Succinate Inderal/Propranolol	Corgard/Nadolol Bystolic/Nebivolol Betapace/Sotalol