ORACLE
Heart & Vascular

Diagnostic Testing Instructions

Please arrive at your appointment time or you may be asked to reschedule.
Only patients are allowed in testing areas. Please let us know if the patient needs special care.

❑ **Echocardiogram** Appt. Date: _____Time:_____*AM/PM*
1. Please 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:_____*AM/PM*
1. Please do not wear anything tight fitting around your neck.
2. You may take all your medications prior to the testing.

❑ **Venous/Reflux/Arterial Ultrasound** Appt. Date: _____Time:_____*AM/PM*
1. You may take all your medications prior to the testing.

❑ **Abdominal/Renal/Iliac (IVC) Ultrasound** Appt. Date: _____Time:_____*AM/PM*
1. Do not eat or drink anything 6 hours prior to testing (water is ok).
2. You may take all your medications prior to testing.

❑ **ABI** Appt. Date: _____Time:_____*AM/PM*
1. Avoid any caffeine, alcohol or smoking 1 hour prior to testing.
2. You may take all your medications prior to the testing.

❑ **Treadmill Stress test (PST) or Stress Echocardiogram** Appt. Date: _____Time:_____*AM/PM*
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 caffeinated/decaffeinated products: coffee, tea, soda and chocolates for 12 hours prior to testing.
4. Stop medications listed to the right on this form as directed. Please bring them with you, and we will have you take them at a certain point during the test. Take all other medications.

❑ **Nuclear Stress Tests (Exercise and Lexi)** Appt. Date: _____Time:_____*AM/PM*
1. Testing takes approximately 4 hours to complete. An IV will be started after arrival.
2. Do not eat or drink anything besides water to hydrate for the IV for 4 hours prior to testing.
3. Do not use tobacco products 12 hours prior to testing
4. Avoid caffeine, decaffeinated products: coffee, tea, soda, and chocolates 24 hours prior to testing.
5. Stop medications listed to the right on this form as directed. Please bring them with you, and we will have you take them at a certain point during the test. Take all other medications.

Hold 48 hours
Cialis/Tadalafil

Hold 24 hours
Viagra/Sildenafil
Livtra/Vardenafil
nitroglycerin

BETA BLOCKERS
Hold 24 Hours
Zebeta/Bisoprolol
Tenormin/Atenolol
Coreg/Carvedilol
Corgard/Nadolol
Lopressor/Metoprolol Tartrate
Inderal/Propranolol
Betapace/Sotalol
Toprol XL/Metoprolol Succinate
Bystolic/Nebivolol

I have read the above instructions; I am aware of the $100.00-$280.00 cancellation/no show fee if I do not cancel my appointment 24 hours prior or fail to follow instructions as directed.

Patient/Guardian Signature_____ DOB _____

Witness Signature_____ Date _____

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